

MT LEGISLATIVE HISTORY

Chapter 504 1989

Bill H 389 S _____

Original bill & hist. ____C

H. Committee on Human Services & Aging

S. Committee on Public Health, Welfare & Safety

Hearing Date(s) Feb 03 ✓C

Hearing Date(s) Mar 15 ✓C

_____C

Mar 22 ✓C

_____C

_____C

_____C

_____C

Date Out Feb 04 ✓C

Mar 27 ✓C

Did this bill originate in an interim committee? ____Yes ____No

Committee _____

Report _____

HOUSE FINAL STATUS

TRANSMITTED TO SENATE
 2/15 REFERRED TO LOCAL GOVERNMENT
 3/02 HEARING
 3/08 COMMITTEE REPORT--BILL CONCURRED AS AMENDED
 3/09 2ND READING CONCURRED 49 0
 3/11 3RD READING CONCURRED 42 2

 RETURNED TO HOUSE WITH AMENDMENTS
 3/13 2ND READING AMENDMENTS CONCURRED 86 2
 3/14 3RD READING AMENDMENTS CONCURRED 94 3

 3/21 SIGNED BY SPEAKER
 3/22 SIGNED BY PRESIDENT
 3/22 TRANSMITTED TO GOVERNOR
 3/24 SIGNED BY GOVERNOR
 CHAPTER NUMBER 308 EFFECTIVE DATE: 10/01/89

HB 389 INTRODUCED BY CAMPBELL, ET AL.
 CLARIFY DEFINITION OF PRACTICE OF PRACTICAL NURSING

1/24 INTRODUCED
 1/25 REFERRED TO HUMAN SERVICES & AGING
 2/03 HEARING
 2/04 COMMITTEE REPORT--BILL PASSED
 2/07 2ND READING PASSED 92 4
 2/09 3RD READING PASSED 100 0

TRANSMITTED TO SENATE
 2/10 REFERRED TO PUBLIC HEALTH, WELFARE & SAFETY
 3/15 HEARING
 3/27 ADVERSE COMMITTEE REPORT REJECTED 17 21
 3/29 2ND READING CONCURRED 31 17
 3/31 3RD READING CONCURRED 34 16

RETURNED TO HOUSE
 4/06 SIGNED BY SPEAKER
 4/07 SIGNED BY PRESIDENT
 4/07 TRANSMITTED TO GOVERNOR
 4/12 SIGNED BY GOVERNOR
 CHAPTER NUMBER 504 EFFECTIVE DATE: 10/01/89

HB 390 INTRODUCED BY SPAETH, ET AL.
 GENERALLY REVISE LAWS RELATING TO CRIMINAL SALE OF
 DANGEROUS DRUGS; PROVIDE FOR MANDATORY 2-YEAR
 PRISON SENTENCE FOR SALE OF COCAINE

1/24 INTRODUCED
 1/25 REFERRED TO JUDICIARY
 1/25 FISCAL NOTE REQUESTED
 1/31 FISCAL NOTE RECEIVED
 2/01 FISCAL NOTE PRINTED
 2/10 HEARING
 2/10 COMMITTEE REPORT--BILL PASSED
 2/13 2ND READING PASSED 96 1
 2/13 TAKEN FROM ENGROSSING
 2/13 REREFERRED TO APPROPRIATIONS
 3/01 HEARING
 3/14 COMMITTEE REPORT--BILL PASSED
 3/20 2ND READING PASSED 94 0

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES AND AGING

Call to Order: By Stella Jean Hansen, on February 3, 1989,
at 3:00 p.m.

ROLL CALL

Members Present: All

Members Excused: None

Members Absent: None

Staff Present: Mary McCue, Legislative Council

Announcements/Discussion: None

HEARING ON HB 389

Presentation and Opening Statement by Sponsor: Rep.
Campbell stated that this bill was an act clarifying
the definition of the practice of practical nursing.

List of Testifying Proponents and What Group They Represent:

Ken Dunham, Montana Licensed Practical Nurses
Association
Rep. Carolyn Squires

List of Testifying Opponents and What Group They Represent:

Cathy Caniporali, Montana Nurses Association
Barbara Booher, Montana Nurses Association
Donna Small, Montana Nurses Association
Jan Cronguest, Montana Nurses Association

Testimony:

Ken Dunham, supports this legislation and states that LPN's
are an important part of the nursing profession and
this change in the definition will allow them to do
more of what they have been trained to do, to allow
R.N.'s and physicians to make better use of the LPN's,
and help alleviate some of the nursing shortage we hear

so much about. Montana LPN's would hope that this small change would be made in nursing law to help that all happen. Exhibit 1.

Rep. Carolyn Squires supports this bill and states that she would testify on behalf of herself and Carol Jazinski from Havre and stated that they had worked for a long period of time to resend this particular portion of the nurse practice act as they felt it was prohibitive to the job performance. Predictable outcome has been a constraint in many ways in some of the activities that LPN's performed within the hospital but at yet at other times, when it is necessary for the LPN to function within the hospital it is okey for LPN's to perform.

Cathy Caniporali opposes this bill and states that the definition in statute of practical nursing allows for the performance of services requiring basis knowledge of the biological, physical behavioral, psychological and sociological sciences and of nursing procedures. These duties are all done under the supervision of an R.N. or physician or dentist, et al. There is nothing in the educational preparation of an LPN which would prepare them to safely determine the use of standardized procedures in the situation which has unpredictable outcome. R.N.'s utilize the parameters of predictable and unpredictable outcomes to decide which health care team member can provide the safest care to the client. An LPN is not asked to perform procedures for which they are not prepared in their education. This leads to a wide variety of procedures which LPN's can safely perform, utilizing the expertise of the LPN in performance of standardized procedures with predictable outcomes also allows the R.N. to provide bedside care to clients who may have problems which have unpredictable outcomes.

Barb Booher opposes this bill and states that she would read the testimony into the record from Gretchen Fitzgerald. Exhibit 2.

Donna Small opposes this bill and states that she would supply testimony into the record from Laura Fields and from Elaine Watkins.

Jan Cronquest stated that she was not opposing this bill rather a deferring of the bill is her hope. The phrase in question has been a key to the differences between the roles of registered nurses and licensed practical nurses based on their educational level.

Maura Fields and Elaine Watkins also supplied written

opposition to this bill. Exhibit 3.

Questions from the Committee: Rep. Lee stated that there were 48 states which did not contain this language in their statutes and asked Mr. Dunham if he was aware if there were any other mechanisms, training, or criteria that addressed the areas of concern that the opponents have raised and Mr. Dunham stated that he was not aware of any. Rep. Lee then asked Mr. Dunham if the removal of the words that were selected, that perhaps there are others compensatory things in these other states that are in statute that would preclude them having to contain these words. Mr. Dunham said there were not. Rep. Lee asked the same question of Ms. Small and she stated that the concern is very definitely that wording. After three years of study by a task force when the whole nurse practice act was written, that was the language that came out of that task force to unilaterally remove that wording without comparing what it does to the rest of the wording, changes the scope of practice that they were seeking. Rep. Lee then asked Ms. Small about the scope and practice that is envisioned in the change and would it be any different in the practice of the other states. Ms. Small said that she had not studied the other states statutes on this.

Rep. Strizich asked Mr. Dunham if he could give the committee an example that could describe the difference between a standardized procedure that has a predictable outcome versus a standardized procedure that has an unpredictable outcome and Mr. Dunham used the theory of administration of an enema. Rep. Strizich then asked Ms. Caniporali stated that when one was looking at a procedure comes when one looks at the client who is having the procedure done. Some clients can be predicted, i.e. no other existing predicting condition that would generate a predictable outcome.

Rep. Good asked Ms. Caniporali if an LPN could take a blood pressure and Ms. Caniporali and she answered yes. Can an LPN give medication and Ms. Caniporali stated that an LPN could give some medications but it depended on the administration procedure. Can an LPN start an I.V. and Ms. Caniporali said she could. Can an LPN suctioning and clean tubes and the answer was yes. Can an LPN draw blood and Ms. Caniporali stated that she could. Rep. Good asked Ms. Small specifically what procedures do you not want LPN's to do and Ms. Small stated that any procedure that is done in a trauma situation has an unpredictable outcome.

- Rep. Whalen then asked Ms. Booher if the new statute would apply only to a hospital situation and she stated that it would be universal. Rep. Whalen asked Ms. Small if the instructions were given by a doctor or do the R.N.'s have the authority to initiate actions on their own and Ms. Small said that LPN's are found across the health care situations, they work in doctors offices, hospitals, nursing homes and there is an inclination at times to put them into situations where they are functioning beyond what was intended by their basic license.
- Rep. Gould asked Ms. Cronquist if she wanted the committee to hold off their decision until the Board met again and also of the make-up of the Board. Ms. Cronquist said that the Board had four R.N.'s, 3 LPN's, and two public members.
- Rep. Simon asked Ms. Small if there were any states that Montana does not recognize with our reciprocal agreements and Ms. Small said this would only happen if the requirements were less than our state. There are no states whose requirements are less than Montana. Who decides whether or not these procedures are to be performed and Ms. Small stated that the doctor did initiate the order but the nursing staff that carries out the order or the nursing structure that dictates who actually carries out the procedure.
- Rep. Strizich asked Ms. Small if there were any liability cases in Montana regarding predictable outcome and said that she was not aware of any and they are not the knowledge of the board.

Closing by Sponsor: Rep. Campbell closed on the bill.

HEARING ON HB 328

Presentation and Opening Statement by Sponsor: Rep. Hanson stated that this bill was an act to establish faculty qualifications for nursing schools.

List of Testifying Proponents and What Group They Represent:

James Ahrens, Montana Hospital Association
Rep. Jessica Stickney
Patricia Dotter, Helena Vocational Technical Center
Larry Akey, Montana Health Network

List of Testifying Opponents and What Group They Represent:

Barb Booher, Montana Nurses Association

specialty that they are not qualified.

Recommendation and Vote: A vote was taken, all voted in favor of the bill as DO PASS AS AMENDED.

DISPOSITION OF HB 389

Hearing on HB 389 was February 3, 1989.

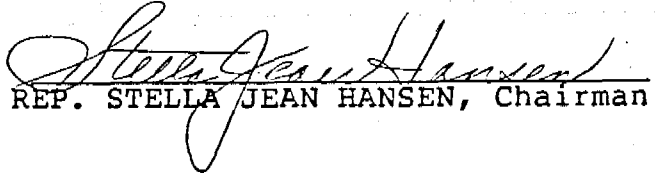
Motion: A motion was made by Rep. Stickney to DO PASS.

Discussion: None.

Recommendation and Vote: A vote was taken and all voted in favor.

ADJOURNMENT

Adjournment At: 7:30 p.m.


REP. STELLA JEAN HANSEN, Chairman

SJH/ajs

F0307.min

VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. HB 389

DATE 2/3/89

SPONSOR

[illegible]

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 2-3-89

NAME	PRESENT	ABSENT	EXCUSED
Stella Jean Hansen	✓		
Bill Strizich	✓		
Robert Blotkamp	✓		
Jan Brown	✓		
Lloyd McCormick	✓		
Angela Russell	✓		
Carolyn Squires	✓		
Jessica Stickney	✓		
Timothy Whalen	✓		
William Boharski	✓		
Susan Good	✓		
Budd Gould	✓		
Roger Knapp	✓		
Thomas Lee	✓		
Thomas Nelson	✓		
Bruce Simon	✓		

Map of the United States showing the status of LPN licensure by state. Montana and Wyoming are shaded and labeled "YES". All other states are labeled "NO". Specific callouts for the Northeast include: NO(N.H.), NO(Ver), NO(Mass), NO(R.I.), NO(N.J.), NO(Del), and NO(MD).



Montana LPN Association
P.O. Box 1270
Helena, MT 59624

EXHIBIT 1
DATE 2-3-89
NO 389

HAVRE CLINIC

20 W. 13th ST. • P.O. BOX 7348 • HAVRE, MT 59501 • PH. 406-265-7831

January 31, 1980

House Human Services & Aging Committee
State Capitol
Helena, MT 59620

Dear Sir or Madam:

I am writing to you in reference to House Bill 389. This is legislation which concerns modification of the definition of Licensed Practical Nursing. I am in favor of this modification. The modification would simply drop the words "leading to predictable outcomes" from the definition of Licensed Practical Nurse.

It is difficult for me to see why this wording was chosen, and it is difficult to see what this actually means in nursing practice. My concern is that such wording could lead to restrictions on the utilization of LPN's in the hospital and clinic settings.

The LPN's with whom I work are highly trained, very skilled nurses. There is really no difference in the tasks performed by or the capabilities of RN's and LPN's.

Given Montana's severe nursing shortage, I think it makes sense to eliminate any possible legal impediments to the full utilization of our Licensed Practical Nurses.

I hope you will support House Bill 389, and I hope you will do everything in your power to secure its passage.

Sincerely,



James S. Rogers, M.D.

JSR/kg

Chairman Stella Jean Hansen,

I am writing to you to urge your support of House Bill 389, which would change the definition of a Licensed Practical Nurse in the state law.

As vice president of the Montana Licensed Practical Nurses Association and a practicing L.P.N. for 12½ years, I am convinced that HB 389 would be a plus for many of us. By eliminating the words "leading to predictable outcomes" from the definition of an L.P.N., Montana L.P.N.s would be allowed to be better utilized in their places of work, thus benefiting not only the L.P.N.s, but their employers also. The L.P.N.s in the state of Montana receive adequate training in their schooling, as well as continued training on the job. By allowing L.P.N.s to perform to their fullest capabilities, the consumer is also benefited, since L.P.N.s are able to meet many of the consumers needs in a health care setting, in a more cost effective manner, in comparison to Registered Nurses.

It is interesting to note that only two states, Montana and Wyoming, have the phrase "leading to predictable outcomes" in their definition of an L.P.N. This is certainly a vague term, and I believe that it is used against L.P.N.s in Montana.

Thank you for your time and for any support that you might show towards L.P.N.s.

Sincerely,

Cindy D. Marshall

Box 104

Kremlin, Montana 59532



Montana LPN Association

P.O. Box 1270
Helena, MT 59624

Ken Dunham, Management Consultant

406/443-0640

TESTIMONY OF

2/3/89

KEN DUNHAM

Lobbyist for Montana LPN Association

House Bill 389

This issue of changing Montana's nursing laws to remove four words from the definition of a Licensed Practical Nurse may not seem to some to be a major issue, but to the more than 3,200 LPN's licensed in Montana, it is a critical concern for their best utilization in nursing situations.

The words "leading to predictable outcomes" has been used by supervisors, directors of nursing, and the Montana Board of Nursing over the years to restrict LPN's from performing nursing tasks they have been trained to perform. Some of the examples provided me from LPN's across Montana include prevention from working in intensive care units, in emergency rooms, in nursery units in hospitals, intervenous procedures, and administering various types of medication - even though all LPN's work under the supervision of a registered nurse, physician, dentist, osteopath or podiatrist.

LPN's in Montana, and other states, work in a variety of nursing positions in hospitals, clinics and other nursing situations, and with this change in Montana law our LPN's will be allowed to do what they are trained to do more effectively, and continue to be a part of that nursing care process.

The major problem with a definition of an Licensed Practical Nurse containing such wording is that it is a meaningless phrase. Perhaps no medical or nursing procedure has a "predictable outcome". Each procedure has an outcome that should be achieved by what is done, but that outcome may not always happen.

In the past few weeks we have researched the nursing laws of the other 49 states concerning the definition of an LPN. 48 other states do not have this working in their state law; only Wyoming and Montana have it.

Additionally, the National Council of State Boards of Nursing, in their 1988 proposed Model Nursing Practice Act does not include this wording either.

The role of a Licensed Practical Nurse is carefully defined in Montana law, with the exception of this one phrase, stating that LPN's utilize standardized procedures requiring basic knowledge in a variety of nursing procedures. And as I mentioned before, LPN's would continue to function under the direction of an RN or physician.

In many nursing situations, physicians and others make virtually no distinction between the treatment and nursing duties assigned LPN's and RN's. The major difference is in the type of nursing education in a formal setting, in the record keeping process associated with nursing care, and in the supervision of nursing care.

LPN's are an important part of the nursing profession and this change in the definition will allow LPN's to do more of what they have been trained to do, to allow RN's and physicians to make better use of LPN's, and help alleviate some of the nursing shortage we hear so much about.

Montana's LPN's would hope that this small change would be made in nursing law to help that all happen.

Testimony - House Bill #389

Montana State Legislature
Human Services and Aging Committee

February 3, 1989

By: Gretchen Fitzgerald, RN

Good afternoon Madame Chairman, Members of the Committee, Ladies and Gentlemen. I speak as an opponent of House Bill #389. My name is Gretchen Fitzgerald, I am a Registered Nurse with over 17 years of nursing management experience in an acute care facility in Montana. Currently I am Vice President for Nursing at the Montana Deaconess Medical Center in Great Falls — a position, I have held for the past 7 years. In this position, I am ultimately responsible for the patient care delivery system and all aspects of professional and practical nursing practice in a 288 bed hospital.

Approximately 15 - 18% of the staff employed within the Division of Nursing are Licensed Practical Nurses. Areas of employment for these LPN's range from Medical - Surgical units to the Operating Room. Our LPN's are contributing, caring members of our nursing team who compliment the overall performance of delivering safe, effective patient care.

You are aware of the changing climate in our health care delivery system; aware of the increased acuity of patients admitted to hospitals; aware of the "sicker and quicker" theory in acute care settings; i.e., sicker patients are admitted and dismissal occurs more quickly; you are aware of sophisticated diagnostic and therapeutic techniques, and the rapid escalation of high technology utilized in health care across our nation.

EXHIBIT 2
DATE 2-3-89
HB 389

-2-

Given all these dynamic changes, I feel it is prudent, practical and perceptive to retain the present language of the Statutes and Rules Relating to Nursing which identifies "predictable outcomes" in defining the practice of practical nursing. Given the scope of education, training and purpose of the LPN practice, that language protects the practitioners as well as the patient.

Although one might argue that "predicted outcomes" cannot be assured, they can be anticipated. Assignments given, scope of practice and competency levels should all take into account the educational preparation and content of curriculum when defining the role of the licensed practical nurse or another health discipline. To remove language from the current Nurse Practice Act could result in an expansion of the LPN scope of practice without first addressing the basic preparation, skills expectation, and general intent of the role of practical nursing.

LPN's with whom I have visited, recognize that 12 months of didactic and clinical preparation prepare them for supervised, structured and predictable settings in our complex health care system. If this bill is passed, healthcare institutions could unfairly expect expansion of the role of the LPN which exceeds their intended scope of practice.

I urge you to vote "no" on this bill.

Thank you.

February 2, 1989

To the members of the House Human Service and Aging Committee:

My name is Maura Fields. I am writing in opposition to H.B. 389. I have practiced as a registered nurse in the State of Montana for ten years. I am serving as President-Elect for the Montana Organization of Nurse Executives and am presently employed at North Valley Hospital in Whitefish as the Director of Professional Services. Because my position entails the supervisory responsibilities for acute care nursing, I have taken a keen interest in H.B. 389.

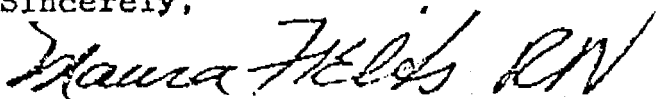
I am opposed to the passage of this bill for the following reasons:

1. LPN practice, according to the Montana Nurse Practice Act, is founded on the "basic knowledge of the biological, physical, behavioral, psychological and sociological sciences and of nursing procedures." Their current training reflects this purpose. Because this knowledge and training is not as broad based and comprehensive as that of the professional registered nurse, LPN practice lends itself—to procedures with predictable outcomes. Expanded knowledge base is essential for developing skill and judgement required in procedures with unpredictable outcomes. The result of H.B. 389 would expand the scope of LPN practice without expanding education and training. The existing system of nursing education allows for expanded practiced based on expanded education. This option is available to LPNs in both A.D.N and B.S.N. programs. If scope of nursing practice is expanded without corresponding preparation, the net result will be a lower standard of nursing care to the consumer. There is not one health care profession that has suggested expanding scopes of practice without expanding training and educational preparation.
2. It has been argued by some that expanding LPN roles will alleviate the nursing shortage. Again, expanding practice roles of LPNs is a standard of care issue. By not having a corresponding educational component to expanded practice is to suggest that lowering standards of nursing care is a sensible solution to the nursing shortage. As a nursing administrator I find this unacceptable as it proposes a safety issue for patients under their care and a professional concern for all professionals who supervise them.

3. A final concern centers around a directive given to those of us in organized nursing in the state during the 1987 legislature. During the debate on, "Entry into Practice" the legislature directed nurses to reach agreement on changes in state law relative to practice. The fact that the LPN association has not done so goes contrary to that request. It amounts to a unilateral move without input and dialogue from Montana Organization of Nurse Executive, Montana Nurses' Association and other nursing organizations in the state. At minimal, this professional courtesy is warranted.

In summary, I urge you to vote NO to H.B. 389. Thankyou!

Sincerely,

A handwritten signature in cursive script that reads "Maura Fields RN".

Maura Fields, RN
Director of Professional Services
NORTH VALLEY HOSPITAL

TESTIMONY: HOUSE BILL 389

My name is Elaine Watkins. I am Vice President for Patient Services at Deaconess Medical Center of Billings, Incorporated. I am responsible for the delivery of nursing care services at Deaconess. We utilize primarily Registered Nurses and Licensed Practical Nurses in our delivery model. Both disciplines equally contribute to our ability to provide a quality care product.

I am gravely concerned with the proposal of House Bill 389 to eliminate predictable outcomes from the definition of the practice of practical nursing.

Over the past five to seven years, major changes have occurred in our health care delivery system. We have watched the acuity of our patients rise as advances in medical knowledge, treatments, modalities, technological advances, and even more acutely reimbursement pressures have driven these changes.

Now our industry is concerned over the predicted shortage in healthcare providers - specifically nurses.

The development of the role of the Practical Nurse and its definition as established in the Nurse Practice Act was established as a safeguard to public welfare and protection taking into consideration the educational preparation of the practical nurse. From today's practice settings, we have already raised the question of the need for increasing the educational time of the practical nurse to meet the changes in the health care environment. The answer to a nursing shortage is not to expand the scope of practice of a particular discipline without taking into consideration the additional education necessary to provide safe, quality patient care.

Today's practical nursing education only allows a basic knowledge of nursing procedures, and therefore the scope of practice must remain in an arena of standardized procedures with predictable outcomes.

Thank you for your consideration of this issue that is so important in the safe practice of nursing care delivery.

Elaine J. Watkins

Elaine J. Watkins
Vice President for Patient Services
Deaconess Medical Center

EXHIBIT 3
DATE 2-3-89
HB 389

February 3, 1989

TO: Human Services and Aging Committee

FROM: Patricia Dotter, Coordinator/Instructor
Practical Nursing Program
Helena Vocational Technical Center

RE: House Bill No. 328 "An Act to Establish
Faculty Qualifications for Nursing Schools;
and Amending Section 37-8-301, MCA."

As a practical nursing instructor this bill concerns me because it does not specify "professional" or "practical" schools of nursing. The instructors of practical nursing are not required to hold a master's degree to teach in the practical nursing programs. I beleive if this bill was passed as is, the practical nursing instructors would be required to have a masters degree. If you note in the Administrative Rules on page 32 of the "Statutes and Rules Related to Nursing" (attatched), the requirements for practical nursing faculty differ from the rules for professional nursing faculty as listed on page 29.

If this bill was amended to read "professional schools of nursing", I would support this bill. The ADN programs are having a difficult time recruiting faculty with just a master"s degree in nursing. I understand Miles Community College was unable to fill all their nursing classes because of the lack of faculty members. With the shortage of RNs, perhaps this need could be met by allowing these schools to hire nurses who are well qualified to teach nursing, but just do not have the correct letters behind their names. This, in no way, will lower the standards for our schools because different types of education can add new dimensions to nursing education.

Thank you, If you have any questions please call or write to me.

Patricia Dotter RN,BSN
Practical Nursing Program
Helena Vocational Technical Center
1115 North Roberts
Helena, MT 59601
442-0060(work)
449-7332(home)

EXHIBIT 4
DATE 2-3-89
HB 389

NURSING

policies must provide the student right of appeal. These policies should be written and available to the students. (History: Sec. 37-6-202, MCA; IMP, Sec. 37-6-202, 301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD 1982 MAR p. 286-287, Eff. 2/12/82.)

8.32.914 REPORTS (1) Annual reports shall be submitted to the board of nursing in the designated form.

(2) Quarterly reports shall be submitted to the board on the designated form at the designated time. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 301, 302, MCA; NEW 1982 MAR p. 286-287, Eff. 2/12/82.)

Sub-Chapter 10

Standards for Montana Schools of Practical Nursing

8.32.1001 INTRODUCTION (1) These standards are the result of years of study and cooperative planning between the Montana state board of nursing and faculty of Montana schools of practical nursing. The statements are viewed as serving several purposes:

(a) as an informative criteria they may provide a basis for interpretation of nursing education to school of nursing faculty and other groups interested in nursing education;

(b) they may be used as a guide in the self-evaluation of school programs by the faculty; and

(c) they will be used by the board of nursing as an evaluation tool in the approval of Montana schools of practical nursing.

(2) The standards are to be used in appraising the quality and specific nature of nursing education programs. They have been largely formulated by the joint efforts of faculty members in schools of practical nursing in Montana. Therefore, the statements represent acceptable goals at a minimum level of desirability. They are not intended to be ideals or maximum goals. The board has attempted to state the criteria in general terms so that schools may set forth several approaches in meeting them. The board expects to interpret these standards in terms which will insure the minimum requirements set forth but which will leave faculty in each school free to determine the scope, limits and direction of the program offered to its students. Since the practice of practical nursing is an integral part of the changing social scene, these standards will also change to meet the demands for programs which prepare practitioners of practical nursing competent to serve the practical nursing needs of society. (History: Sec. 37-6-202, MCA; IMP, Sec. 37-6-301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic. C. 274, L. 1981, Eff. 7/1/81.)

8.32.1002 DEFINITIONS (1) Board: The Montana state board of nursing.

(2) The practice of practical nursing: is the performance for compensation in the care of the ill, injured or infirm, of acts selected by and performed under the direction of a registered nurse, or a person licensed in this state to prescribe such medications and treatments, and not requiring the substantial specialized skill, judgement and knowledge required in professional nursing. (Section 37-8-102(3)(b), MCA)

NURSING

(3) School (program): An educational unit responsible for preparing persons for practice as practical nurses qualified to write the state licensing examination.

(4) Approved school (program): A school which has met the requirements of the law and the minimum standards approved and specified by the Montana state board of nursing as outlined in these rules.

(5) Conditionally approved school (program): A school which fails to meet requirements of the law and of the board and has been given a definite time in which to meet the requirements.

(6) Initially approved school (program): A school which has met the requirements of the law and the board, but which has not been in operation long enough to qualify for full approval.

(7) Governing body (controlling body): The institution responsible for the operation of the school.

(8) Faculty: Body of persons to whom are entrusted the administration and instructions of the school.

(9) Curriculum: The total learning experience organized in a systematic manner.

(10) Requirements: The minimum standards which schools must meet in order to be approved. The words shall or will designate the statements of requirements. (History: Sec. 37-6-202, MCA; IMP, Sec. 37-6-202, 301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD 1982 MAR p. 1603-1605, Eff. 8/27/82.)

8.32.1003 PHILOSOPHY AND OBJECTIVES (1) The school shall have a clearly defined statement of philosophy and objectives that is consistent with the philosophy of the governing body.

(2) The objectives shall be consistent with the philosophy and shall describe the competencies of the graduate of the program.

(3) The philosophy and objectives formulated and adopted by the practical nursing faculty shall be used in developing, implementing and evaluating the total program. (History: Sec. 37-6-202, MCA; IMP, Sec. 37-6-202, 301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81.)

8.32.1004 ADMINISTRATION AND ORGANIZATION (1) Educational institutions conducting programs shall be approved by the appropriate state, regional or national accrediting agencies.

(2) All facilities conducting or cooperating to provide clinical experiences shall be approved by the appropriate state agency.

(3) The organization and administration of the nursing program shall be consistent with those of other programs in the institutions.

(4) There shall be written organizational plans which clearly define relationships of the nursing program to the governing body, to other departments in the institution and to other institutions and agencies used by the nursing program.

(5) The administration of the governing body shall appoint one nursing instructor as coordinator or director. The coordinator/director will have sufficient time provided for carrying out administrative responsibilities. Instructional assignments of the coordinator/director will be consistent with the span or degree of administrative responsibility.

NURSING

(6) The governing body shall establish formal relationships with agencies used for clinical learning experiences. Such agreements shall be in writing, shall clearly define the respective responsibilities and shall provide for periodic review and renewal.

(7) There shall be adequate financial resources for effective operations of the program.

(a) A separate annual budget for the nursing program shall be provided.

(b) The nurse faculty member responsible for the coordination/direction of the program shall actively participate in the preparation and control of the annual budget. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81.)

E.32.1025 FACULTY (1) There shall be an adequate well qualified faculty to meet the educational needs of the program.

(2) Nursing faculty members shall be graduates of approved schools of professional nursing and shall be currently licensed to practice nursing in Montana. Each faculty member shall have academic preparation and experience as follows:

(a) The coordinator/director of the program shall have a minimum of a baccalaureate degree in nursing supplemented by courses in curriculum development; principles and methods of teaching and measurement; and evaluation. The coordinator/director shall have had at least two years experience in registered nursing practice within the last five years and at least two years teaching experience in nursing education.

(b) The nurse faculty members shall have a minimum of a baccalaureate degree in nursing supplemented by courses in principles and methods of teaching and measurement and evaluation. Faculty members shall have had at least two years experience in registered nursing practice within the last five years.

(3) All non-nurse faculty shall have academic and professional education and experiences in the field of their specialization.

(4) Faculty work loads are equitable and shall allow time for classes and lab preparation, teaching, program revision, improvements of teaching methods, guidance of students, participation in faculty organization and committees, attendance at professional meetings and participation in continuing education activities.

(5) There shall be a ratio of no more than 10 students for each faculty person in the clinical area at any given time.

(6) Written job specifications including responsibilities and qualifications shall be available for each position.

(7) Personnel policies shall be in writing and shall include selection, appointment, and promotion, salary increments, teaching load, faculty development and welfare.

(8) Regularly scheduled meetings shall be held by the nursing faculty and minutes shall be on file.

(9) At the time of employment, each faculty member shall file a faculty qualification record or the required form with the board. Any changes in faculty qualifications shall be included with the school's annual report. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81.)

NURSING

provide for understanding and application of public health, mental health and rehabilitation concepts should include the giving of safe nursing care to patients of all age groups with a variety of health problems.

(i) nursing and current trends in health and disease, principles of leadership and citizenship, legal aspects of nursing, team concepts and contributions to allied disciplines, current nursing problems, historical development as it shows the origin of our present professional problems.

(ii) practice in assuming professional responsibilities may be achieved through participation in student organization and by working with allied discipline.

(iii) development of the team concept broadens understanding of the nurse's place and responsibility as a citizen, practitioner, and member of the profession of nursing.

(iv) laboratory shall provide at least 2 hours of clinical experience for each theory hour.

(v) The research process and its contribution to nursing practice shall be an integral part of the curriculum. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD 1982 MAR p. 286-287, Eff. 2/12/82.)

8.32.906 EVALUATION (1) Provisions shall be made for periodic evaluation of curriculum and student progress. Adequacy of performance should be evaluated. Provisions should be made for student participation in evaluation and for student-instructor conference.

(2) There should be provision for continuous or periodic review, evaluation, and planning in relation to:

- (a) the philosophy, objectives and curriculum of the school;
 - (b) policies governing recruitment, admission, promotion, graduation, and other matters effecting education, health and welfare of the students;
 - (c) adequate and sufficient clinical facilities available for student practice in the cooperating agencies; and
 - (d) factors contributing to faculty growth, welfare and effectiveness.
- (3) Instruction. The school shall be expected to show that it utilizes a variety of instructional procedures which contribute to the effectiveness of the preparation of the student. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD 1982 MAR p. 286-287, Eff. 2/12/82.)

8.32.907 ORGANIZATION AND ADMINISTRATION OF THE SCHOOLS OF NURSING (1) A clearly defined statement of the philosophy and objectives of the school shall be included in the school's catalogue. This statement identifies the beliefs which the faculty accepts about nursing and education. The philosophy shall be in agreement with that of the controlling institution and recognizes that the primary purpose of the school is the development of the student as a nurse, a person, and a citizen.

(2) The curriculum of the school will be a reflection on the philosophy and objectives and provide for the accomplishment of the stated objectives. The philosophy and objectives shall be accepted by the governing board, the officers, faculty, and students.

(3) The school of nursing or the institution of which it is a part shall be incorporated.

NURSING

(4) Educational institutions conducting a nursing program shall be accredited by the appropriate state, regional or national accrediting agencies. Hospitals and other agencies with which the school maintains cooperative arrangements shall have approval or accreditation appropriate to the hospital and to those agencies.

(5) Any type of cooperative relationship between the school and another education, health or welfare institution or agency shall be stated in writing and signed by the responsible officers of each. The agreement may provide for instruction, practice, supervision, or other student experience.

(6) Instruction, practice, and/or other opportunities for learning which are provided by participating agencies shall meet the stated purposes of the educational program and the standards required by the board.

(7) When the school is in a college or university, the organizational pattern of the school shall be comparable to other like units in the college or university.

(a) Such department or school shall be administered by a nurse director with appropriate rank, position rank, and authority.

(b) Charts showing the structure of the school, its relationship to administration and other units, shall be developed.

(c) The budget of the school shall be a part of the budget of the college or university. The nurse director shall be responsible for the preparation, presentation, and administration of the budget for the school of nursing.

(d) Policies governing schools of nursing shall be the same as policies governing other educational departments of the controlling institution, including the establishment of committees to carry out tasks of administration and shall be constructed along the same lines as those of the controlling institution. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD 1982 MAR p. 286-287, Eff. 2/12/82.)

8.32.908 THE INDEPENDENT SCHOOL is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-301, 302, MCA, Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 286-287, Eff. 2/12/82.)

8.32.909 FACULTY (1) The best single index of ability to prepare adequate practitioners of professional nursing is the competency of the faculty in providing a program of recognized quality. Each faculty member shall devote full time to instructional responsibilities and be qualified by academic preparation and experience in the teaching area to which assigned. Teachers of nursing practice shall be responsible for all instruction in the area assigned including laboratory practice in the clinical field.

(2) The director of the school shall have a minimum of a masters degree in nursing and at least 2 years experience teaching in a nursing education program.

(3) Nursing faculty members shall be graduates of approved schools of professional nursing, shall hold a master's degree, have advanced preparation for teaching and shall be licensed as registered nurses in Montana. Personal, academic and professional qualifications shall be appropriate to the area of assignment.

(4) The titles of faculty members shall be consistent with their functions.

(5) There shall be secretarial and clerical staff sufficient to meet routine requirements for administration of the school and assistance to the instructional staff.

NURSING

8.32.1006 STUDENTS (1) Requirements for admission shall be consistent with the policies of the governing body and shall include a high school diploma or its equivalent.

(2) Classes shall be admitted only at regular intervals and each class should consist of not less than 10 students.

(3) Policies consistent with those of the governing body shall be in writing regarding re-admission of students and admission by transfer.

(4) Student progress shall be reviewed periodically to substantiate retention in the nursing program.

(5) Policies providing for student welfare as related to counseling and guidance, health and financial aid shall be available.

(6) Requirements for graduation shall be in writing. Upon successful completion of the program, the student shall receive a certificate or diploma from the governing body. (History: Sec. 37-6-202, MCA; IMP, Sec. 37-6-202, 301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD 1980 MAR p. 2570, Eff. 11/25/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81.)

8.32.1007 CURRICULUM (1) Program length shall be based upon completion of the approved curriculum within the structure and the framework of the governing body and be consistent with the philosophy and objectives of the program.

(2) The study, development, implementation and evaluation of the nursing curriculum shall be the responsibility of the practical nursing faculty.

(3) The philosophy and objectives of the nursing program shall serve as the basis for development, implementation and evaluation of the curriculum.

(4) The curriculum shall be divided into identifiable areas of content which provide a progressive development of knowledge, skills and attitudes.

(5) The choice and placement of courses, selection of learning activities and the organization of these shall provide continuity, sequence and integration in the total curriculum.

(6) Learning experiences shall reflect written behavioral objectives.

(7) The program shall include practical nursing theory and guided clinical practice based on the broad areas of the nursing model and essential to current practice in practical nursing. (History: Sec. 37-6-202, MCA; IMP, Sec. 37-6-202, 301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD 1980 MAR p. 2570, Eff. 11/25/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81.)

8.32.1008 RESOURCES AND FACILITIES (1) Classrooms, laboratories, conference rooms and instructional offices shall be adequate in size, number and type and shall provide an environment conducive to learning.

(2) Library resources and instructional resources shall be adequate and appropriate to meet the needs of students and faculty.

(3) Clinical facilities shall be selected to provide learning experiences sufficient to achieve the objectives of the program. Consideration shall be given to the philosophy and objectives of care in the facility, environment conducive to learning, learning experience available and quality and quantity of the professional and supportive staff.

(4) Secretarial and other supporting services will be sufficient to the needs of the program. (History: Sec. 37-6-202, MCA; IMP, Sec. 37-6-202, 301, 302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD 1980 MAR p. 2570, Eff. 11/25/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81.)

TESTIMONY HOUSE BILL 389

I am against H.B. 389 which would remove the phrase "leading to predictable outcomes" from the definition of the practice of practical nursing.

It is necessary to keep this phrase in order to more clearly delineate differences between the practical nurse and the professional nurse. Removal of this phrase without providing further clarification of the differences between the two levels will create additional chaos in the provision of nursing care.

Allowing the Licensed Practical Nurse (L.P.N.) to perform any standardized procedure would jeopardize patient care in acute care settings. I have worked in hospital settings for twenty years. Many procedures are standardized. For example there are standardized procedures for care of the person admitted with a heart attack, care of the person after heart surgery, and for numerous intravenous medications. Professional nurses are responsible for implementing these standard procedures. The outcome is not predictable. Management of the nursing care of these folks requires someone able to deal with unpredictable outcomes.

Basic knowledge of science and nursing procedures is not enough to provide safe nursing care when implementing standardized procedures leading to unpredictable outcomes. L.P.N.s are very skilled, capable people, but they are not prepared to manage the possible consequences of all standardized procedures.

I urge you to maintain the clarification between the professional and the practical nurse. Please vote against H.B. 389. Thank you for your consideration!

February 3, 1989

Representative Budd Gould
Capitol Station
Helena, Montana

Dear Representative Gould:

Because the weather does not permit me to travel to Helena to present testimony at the hearing regarding House Bills 328 and 389, I am sending my testimony to you as a member of the Human Services and Aging Committee. I hope that my testimony will be considered as you make decisions regarding these two bills. Thank you.

Sincerely,

Rita E. Cheek

Rita Cheek, R.N., M.N.

*401 Plymouth
Missoula, Mt.*

*Bert,
Please add
these into
the ~~letter~~ record
if possible*

7:30
2/24/89
ja

STANDING COMMITTEE REPORT

February 4, 1989

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that House Bill 389 (first reading copy -- white) do
pass .

Signed: Stella Jean Hansen
Stella Jean Hansen, Chairman

MINUTES

MONTANA SENATE
51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By Senator Tom Hager, on March 15, 1989, at
1:00 p.m., Room 410, State Capitol

ROLL CALL

Members Present: Senators Tom Hager, Chairman; Tom Rasmussen,
Vice Chairman; J. D. Lynch, Matt Himsl, Bill Norman, Bob
Pipinich, Harry H. McLane

Members Excused: None

Members Absent: None

Staff Present: Tom Gomez, Legislative Council
Dorothy Quinn, Committee Secretary

Announcements/Discussion: None

HEARING ON HOUSE BILL 389

Presentation and Opening Statement by Sponsor: Bud Campbell,
Representative of House District #48, advised that HB 389
is an attempt to slightly revise Montana's nursing laws
concerning Licensed Practical Nurses to accomplish
several objectives. It would remove an unfair and
meaningless phrase from state law which phrase says an
LPN can only perform nursing procedures leading to a
predictable outcome. This bill would allow well trained
and experienced LPNs to use their training and experience
to help alleviate the nursing shortage in Montana.

List of Testifying Proponents and What Group they Represent:

Ken Dunham, Montana Licensed Practical Nurse Assoc.
Patricia Dotter, R.N., Helena Vocational Technical Center
Carolyn Squires, L.P.N.
Jim Ahrens, President, Montana Hospital Association

List of Testifying Opponents and What Group They Represent:

Sharon Dieziger, R.N., Montana Nurses' Association
Jeannine Peretti, Montana Organization of Nurse Execu-

tives, St. Patrick Hospital, Missoula
Linda Winchell, St. Patrick Hospital, Missoula
Barbara Booher, read testimony of Laura Lenau, R.N.
Director of Nursing Program, Miles City Community
College
Shirley Thennis, R.N., read testimony for Gretchen
Fitzgerald, R.N., Vice President for Nursing at
Montana Deaconess Medical Center, Great Falls
Jeanne Bennetts presented testimony for Maura Fields,
R.N., Whitefish
Sharon Dieziger presented testimony for Elaine Watkins,
Deaconess Medical Center, Billings

Testimony:

Ken Dunham, Lobbyist for the Montana LPN Association, stated that HB 389 is a critical bill for more than 3,000 LPNs in Montana, many of whom are being held back in their nursing practice unfairly. He read and presented his written testimony to the committee (Exhibit #1).

Patricia Dotter, R.N., stated she is a Practical Nurse instructor at the Helena Vocational Technical Center since 1979. She read and submitted her written testimony to the committee (Exhibit #2).

Carolyn Squires, House Representative, stated she is appearing as a Licensed Practical Nurse. She gave a brief history of the Nurse Practice Act, stating that a task force was established before the actual reformation on the Act. There was one representative of the LPN Association on that task force. They tried prior to that time to have the phrase relating to predictable outcome deleted but were unsuccessful on a vote. She stated she would like to see that phrase deleted because she would like to practice within her scope.

Jim Ahrens, President of the Montana Hospital Association, stated he understands Montana is one of two states that uses this type of language in its legislation. His Association supports HB 389, and he urged a favorable recommendation.

Sharon Dieziger, Montana Nurses' Association, stated she wished to speak against HB 389. She presented her written testimony which she read to the committee (Exhibit #3). She also submitted a copy of Model Nurse Administrative Rules, which she referred to in her testimony (Exhibit #3a).

Jeannine Peretti, R.N., stated her position at St. Patrick Hospital, Missoula, involves management and supervision

of employees, enforcing standards of care and dealing with quality assurance. She read a letter from Diane Field, President of the Montana Organization of Nurse Executives which stated that group is in opposition to HB 389. They are concerned that the educational preparation meet the defined scope of practice, according to her letter. Ms. Field further stated their opposition to HB 389 lies with the lack of clear direction signifying quality care and standards of practice for the LPN. Ms. Peretti stated she is personally opposed to the bill. She drew a parallel between dental hygienists vs. dentists; paralegals vs. lawyers, stating that some of the basic judgments will be the same, but more complicated judgments must be made by the more highly trained person. She stated the level of care expected in a hospital today is highly knowledgeable advanced technology and requires the background of a registered nurse to correlate these things to provide the best quality of care to patients. She does not feel the best interests of those concerned would be served by passage of this bill.

Linda Winchell, R.N., Head Nurse, Pediatric Department, St. Patrick Hospital, Missoula, stated the opinion she wished to express is gained by her experience as a graduate of a LPN program and also a Registered Nurse Program in the state of Montana. She has also worked in both roles; has supervised both roles, and currently works with students in both roles. The training she received as a LPN prepared her well for the basic skills; however, when she chose to go back to school to train for an RN, it was evident to her that she was being prepared in depth to care for patients who did not have a predictable outcome. According to Ms. Winchell, it is to the RNs that the LPNs come when they need validation of the care of the patient. She believes the complexity of care required by today's patients has increased, and the LPNs want to increase their responsibility, but they also want to retain the responsibility of the RN to oversee their work and not assume the accountability or liability in the care of the patient.

Barbara Booher, Executive Director of the Montana Nurses' Association, stated she had been asked to deliver testimony from Laura Lenau, R.N., Director of the Nursing Program at Miles City Community College. She stated she wished to point out that the educational preparation for LPNs in the State of Montana is a four quarter technical program. Comparatively, the Associate Degree Prepared Registered Nurse program consists of seven quarters. Ms. Booher presented written testimony from Ms. Lenau which she submitted to the committee (Exhibit #4).

Shirley Thennis, R.N., stated she is presenting written testimony for Gretchen Fitzgerald, a Registered Nurse with over 17 years of nursing management experience in an acute care facility in Montana. She submitted copies of the testimony for the committee to study (Exhibit #5). Both Ms. Thennis and Ms. Fitzgerald urged that the committee vote "no" on HB 389.

Jeanne Bennetts, Montana Nurses' Association, stated she wished to speak in opposition on behalf of Maura Fields who is a Registered Nurse practicing in Montana for ten years. Ms. Fields is currently serving as President-Elect for the Montana Organization of Nurse Executives and is presently employed at North Valley Hospital in Whitefish as the Director of Professional Services. Because her position entails supervisory responsibilities for acute care nursing, Ms. Fields has taken a keen interest in HB 389. Her written testimony was submitted to the committee (Exhibit #6).

Sharon Dieziger, Montana Nurses' Association, stated she was presenting written testimony for Elaine Watkins, Vice President for Patient Services at Deaconess Medical Center of Billings. Copies of the testimony were provided to the committee members (Exhibit #7).

Questions From Committee Members: Senator Lynch asked what do the LPNs wish to do that they are not now doing. In response, Ken Dunham stated that their role will not be significantly expanded; they will just will be able to do legally many of the things they are now doing.

Senator Lynch stated that was not what he was hearing from the opponents. Carolyn Squires, LPN, stated that in her own situation she has been removed from working in certain areas of the hospitals, but when a shortage occurs she can go in and function in those areas. She believes the criteria of "predictable outcome" has been used to hold LPNs back in some of the areas in which they are trained. She stated she does not wish to expand her role.

Senator Pipinich asked if there is a pay difference between the RNs and LPNs. Ms. Squires stated there is a difference, but it depends upon individual hospitals. However, she stated the issue is not wages.

Senator McLane asked if whether or not this bill passed would LPNs still work under the supervision of a physician and registered nurse. Ms. Squires answered affirmatively. He also asked how close a relationship is there between

LPN and the supervising Nurse. Ms. Squires stated in her facility she would go through the nurse in order to contact the physician.

Senator Hims1 asked what is the working relationship with the Physician Assistants. Ms. Squires stated her limited experience with PAs has been good. She was unsure how the new law relating to PAs would affect the LPNs.

Senator Hager asked if the Montana Nursing Association is made up of RNs and LPNs. Sharon Dieziger stated the MNA is made up of Registered Nurses only.

Closing by Sponsor: Representative Campbell stated he believed they had a good hearing, and added that one of the key things to remember was that LPNs are under supervision. He believes this bill would help relieve the nursing shortage, and urged the committee to concur.

DISPOSITION OF HOUSE BILL 389

Discussion: None

Amendments and Votes: None

Recommendation and Vote: None

HEARING ON HOUSE BILL 378

Presentation and Opening Statement by Sponsor: Carolyn Squires, Representative of House District #58, stated that HB 378 is an act requiring the Board of Nursing to establish a program to assist licensed nurses who are found to be physically or mentally impaired by habitual intemperance or excessive use of narcotic drugs and alcohol. The intent is to take care of their people whom they find to be impaired by allowing the State Board of Nursing to assess a fee through the rule-making process through a licensure fee. A fiscal note indicates a \$5.00 fee, which is an estimated fee. The money would go to the State Board of Nursing to fund the hiring of a person to coordinate the program.

List of Testifying Proponents and What Group they Represent:

Carol R. Sem, R.N., Program for Recovering Nurses
Marge Vanderhodf, PRN, Montana Nurses' Association
Janice Anderson, Montana State Board of Nursing
Sharon Dieziger, Montana Nurses' Association
Ken Dunham, Montana LPN Association
Barbara Booher, Montana Nurses' Association

COMMITTEE

Date 3/5/89

[illegible]

Each day attach to minutes.



Montana LPN Association

P.O. Box 1270
Helena, MT 59624

Ken Dunham, Management Consultant

SENATE HEALTH & WELFARE
EXHIBIT NO. #1
DATE 3/15/89
BILL NO. HB 389

406/443-0640

3/15/89

TESTIMONY OF KEN DUNHAM
Lobbyist/Montana LPN Association

House Bill 389

House Bill 389 is a critical bill for more than 3,000 Licensed Practical Nurses in Montana, many of whom are being held back in their nursing practice unfairly because the present definition of an LPN says an LPN can only perform nursing procedures that are "leading to predictable outcomes."

The words "leading to predictable outcomes" has been used over the years by nursing supervisors, administrators and the Montana Board of Nursing in their rulings to unfairly restrict LPN's from performing nursing tasks they are well trained to do. Some of the examples provided me by LPN's across the state include an inability to work in some intensive care units, in emergency rooms, in nursery units, in performing intravenous procedures, and administering various types of medications.

It should be noted that by law any LPN performs any of his or her tasks under the supervision of a physician or registered nurse. This is the present state law and the change we are asking for in House Bill 389 would not change any of this.

LPN's in Montana, as well as those in other states, work in a variety of nursing positions in hospitals, clinics, and other nursing situations. They are trained, through education in the classroom, in clinical training, and often additional training after obtaining a job.

The major problem with having this phrase in the law is that it is largely meaningless. Virtually every medical or nursing procedure has an outcome that is predictable or expected, but that outcome many not always happen the way the book says it will.

The LPN is trained to respond to anything unusual just the way a registered nurse is, of reporting it to the supervising physician or other person in charge, and taking the appropriate action as directed by that supervisor.

In the past few weeks, since this bill was prepared, we have researched all 50 states on their definitions of an LPN. 47 other states do not have it in their definition, only Montana, Wyoming and Rhode Island have it.(I might add that we missed the wording in the Rhode Island definition and had previously said that only Montana and Wyoming have the phrase.) Additionally, the National Council of State Boards of Nursing, in their 1988 proposed Model Nursing Practice Act does not include the phrase, either.

We are aware of the objections to the bill from those registered nurses in Montana who are represented here by the Montana Nurses Association. Those objections seem to center on the argument that this should have gone to the Board of Nursing for some approval first, and a second argument that this will somehow increase the scope of practice of an LPN.

The Montana Board of Nursing has debated this issue, I am told, at various times over the years when considering nursing rulings. With the makeup of the board having R.N.'s outnumbering LPN's by a 4-3 margin, I'm not surprised that the issue was never resolved there. The Board did vote, however, on February 28 of this year to take a neutral position on this bill.

The claim that this will somehow increase the scope of practice of an LPN can be answered by pointing out that nothing else in the nursing laws of Montana is being changed.

LPN's continue to be supervised by RN's and physicians and their "scope of practice" is clearly defined in that they would perform standardized procedures after education and training in practical nursing.

Montana's LPN's are educated in virtually the same manner as are LPN's all across the country. Before being licensed as an LPN, a standardized test under the supervision of the Board of Nursing must be taken and passed. None of this changes in any manner.

This bill simply allows LPN's to do what they are trained and qualified to do in nursing care.

NO(N.H.)
NO(Ver)

NO(Mass)
YES(R.I.)

NO(N.J.)
NO(Del)
NO(MD)

SENATE HEALTH & MEDICINE

EXHIBIT NO. 3/5/89

DATE 3/5/89

BILL NO. 48 389

Montana LPN Association
PO Box 1270
Helena, MT 59624

SENATE HEALTH & MEDICINE
EXHIBIT NO. _____
DATE 3/5/89
BILL NO. 48389



Montana LPN Association
PO. Box 1270
Helena, MT 59624

4

DEFINITIONS OF LICENSED PRACTICAL NURSES VARIOUS STATE LAWS

ALABAMA

b. PRACTICE OF PRACTICAL NURSING. The performance, for compensation, of acts designed to promote and maintain health, prevent illness and injury and provide care utilizing standardized procedures and the nursing process, including administering medications and treatments, under the direction of a licensed professional nurse or a licensed or otherwise legally authorized physician or dentist. Such practice requires basic knowledge of the biological, physical and behavioral sciences and of nursing skills but does not require the substantial specialized skill, independent judgment and knowledge required in the practice of professional nursing. Additional acts requiring appropriate education and training may be performed under emergency or other conditions which are recognized by the nursing and medical professions as proper to be performed by a licensed practical nurse.

ALASKA

(7) "practice of practical nursing" means the performance for compensation or personal profit of nursing functions that do not require the substantial specialized skill, judgment, and knowledge of a registered nurse;

ARIZONA

6. "Practical nursing" means the performance for compensation or profit of services requiring technical skills acquired by means of a course in an approved school of practical nursing and continuing education courses offered by an approved school of practical nursing. The practice of practical nursing consists of participating with registered nurses in the assessment, planning, implementation and evaluation of nursing care by:

- (a) Providing for the emotional and physical comfort of patients.
- (b) Observing, recording and reporting the condition of patients.
- (c) Performing nursing procedures recognized by the board.
- (d) Assisting with the rehabilitation of patients according to the patient's care plan.
- (e) Assisting with maintenance of health.

ARKANSAS

(3) "Practice of practical nursing" means the performance for compensation of acts involving the care of the ill, injured, or infirm under the direction of a registered professional nurse or a licensed physician or a licensed dentist, which acts do not require the substantial specialized skill, judgment, and knowledge required in professional nursing;

CALIFORNIA

The practice of vocational nursing within the meaning of this chapter is the performance of services requiring those technical, manual skills acquired by means of a course in an accredited school of vocational nursing, or its equivalent, practiced under the direction of a licensed physician, or registered professional nurse, as defined in Section 2725 of the Business and Professions Code.

A vocational nurse, within the meaning of this chapter, is a person who has met all the legal requirements for a license as a vocational nurse in this State and who for compensation or personal profit engages in vocational nursing as the same is hereinabove defined.

COLORADO

(9) "Practice of practical nursing" means the performance, under the supervision of a dentist, physician, or professional nurse authorized to practice in this state, of those services requiring the education, training, and experience, as evidenced by knowledge, abilities, and skills required in this article for licensing as a practical nurse pursuant to section 12-38-112, in caring for the ill, injured, or infirm, in teaching and promoting preventive health measures, in acting to safeguard life and health, or in administering treatments and medications prescribed by a legally authorized dentist or physician. Nothing in this article shall limit or deny a practical nurse from supervising other practical nurses or other health care personnel.

CONNECTICUT

(b) The practice of nursing by a licensed practical nurse is defined as the performing selected tasks and sharing of responsibility under the direction of a registered nurse and him in the framework of supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care plan and executing the medical regimen under the direction of a licensed physician or dentist.

DELAWARE

"The practice of practical nursing" as a licensed practical nurse means performance for compensation of nursing services by a person who holds a license pursuant to the terms of this chapter and who bears accountability for nursing practices which require basic knowledge of physical, social and behavioral sciences. These services, at the direction of a registered nurse or a physician licensed to practice medicine, surgery or dentistry, include:

- (1) Observation;
- (2) Assessment;
- (3) Planning and giving of nursing care to the ill, injured and infirm;
- (4) The maintenance of health and well being;
- (5) The administration of medications and treatments prescribed by a licensed physician, dentist or podiatrist; and
- (6) Additional nursing services and supervision commensurate with the licensed practical nurse's continuing education and demonstrated competencies.

FLORIDA

(b) "Practice of practical nursing" means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the maintenance of health and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatrist, or a licensed dentist.

The professional nurse and the practical nurse shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

GEORGIA

(4) "Practice of nursing by a licensed undergraduate nurse" means the performance for compensation of selected acts in the care of the ill, injured, or infirm under the direction of a licensed registered professional nurse or a physician practicing medicine in accordance with Article 2 of Chapter 34 of this title [Chapter 84-9], or a dentist practicing dentistry in accordance with Chapter 11 of this title [Chapter 84-7], or a podiatrist practicing podiatry in accordance with Chapter 35 of this title [Chapter 84-6].

HAWAII

"The practice of nursing as a licensed practical nurse" means the performance of those acts commensurate with the required educational preparation and demonstrated competency of the individual, whereby the individual shall be accountable and responsible to the consumer for the quality of nursing care rendered. The foregoing may include, but not be limited to, implementation of basic nursing procedures in the plan of care; or observing and caring for individuals at all levels of the health spectrum, giving counsel and acting to safeguard life and health and functioning as a part of the health care team, under the direction of a dentist, medical doctor, registered nurse, osteopath, or podiatrist licensed in accordance with chapter 448, 453, 457, 460, or 463E; or administration of treatment and medication as prescribed; or promotion of health maintenance of individuals, families, or groups; or teaching and supervision of auxiliary personnel.

IDAHO

- (2) "Licensed practical nurse" means a person who practices nursing by:
- Functioning at the direction of a licensed professional nurse, licensed physician, or licensed dentist;
 - Contributing to the assessment of the health status of individuals and groups of individuals;
 - Participating in the development and modification of the strategy of care;
 - Implementing the appropriate aspects of the strategy of care as defined by the board, including administering medications and treatments as prescribed by nurse practitioners, licensed physicians, and licensed dentists;
 - Maintaining safe and effective nursing care rendered directly or indirectly;
 - Participating in the evaluation of responses to interventions; and
 - Delegating nursing interventions that may be performed by others and that do not conflict with this act.

ILLINOIS

3. "Practical nursing" means the performance for compensation of services in the care of the ill, injured, or infirm, selected by and performed under the direction of a registered professional nurse or a licensed physician or a licensed dentist, not requiring the substantial skill, judgment and knowledge required in professional nursing.

4. "Practical nurse" and "licensed practical nurse" mean a person who practices practical nursing as defined in paragraph 3 of this Section. Only a practical nurse licensed under this Act is entitled to use the title "licensed practical nurse" and the abbreviation "L.P.N.".

INDIANA

(d) The term "the practice of practical nursing" means the performance for compensation of any of those services in observing and caring for the ill, injured or infirm, in applying counsel and procedures to safeguard life and health in administering treatment and medication prescribed by a licensed physician or dentist which are commonly performed by licensed practical nurses and which require specialized knowledge and skill such as are taught or acquired;

IOWA

For the purpose of this title the practice of nursing as a licensed practical nurse shall mean the performance of such duties as are required in the physical care of a convalescent, a chronically ill or an aged or infirm patient, and in carrying out such medical orders as are prescribed by a licensed physician or nursing services under the supervision of a registered nurse, requiring the knowledge of simple nursing procedures but not requiring the professional knowledge and skills of a registered nurse.

KANSAS

(2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 5-1124 and any amendments thereto, of tasks and responsibilities defined in part (1) of this subsection (d) which tasks and responsibilities are based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

KENTUCKY

- (1) "Licensed practical nursing practice" shall mean the performance of requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:
- (a) The observing and caring for the ill, injured or infirm under the direction of a registered nurse, a licensed physician or dentist.
 - (b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
 - (c) The administration of medication or treatment as authorized by a physician or dentist licensed in this state and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with standards of practice established by nationally accepted organizations of licensed practical nurses.
 - (d) Teaching or supervising except as limited by the board.
 - (e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Practical Nurses' Standards of Practice or with standards of practice established by nationally accepted organizations of licensed practical nurses.

LOUISIANA

- (2) The "practice of practical nursing" means the performance for compensation of any acts, not requiring the education, training and preparation required in professional nursing, in the care, treatment or observation of the ill, injured or infirm and for the maintenance of the health of others and the promotion of health care, including the administration of medications and treatments or in on job training or supervising licensed practical nurses, subordinate personnel or instructing patients consistent with the licensed practical nurse's education and preparation, under the direction of a licensed physician or dentist acting individually or in his capacity as a member of the medical staff, or registered nurse. The licensed practical nurse may perform any of the foregoing duties, and with appropriate training may perform additional specified acts which are authorized by the Board of Practical Nurse Examiners when directed to do so by the licensed physician or dentist acting individually or in his capacity as a member of the medical staff, or registered nurse.

MAINE

"3. Practical nursing. The practice of 'practical nursing' is defined as the performance of tasks and responsibilities for compensation, under the direction of a licensed or registered professional nurse, physician or dentist, including at least:

"A. Observing and caring for the ill, injured or infirm;

"B. Performing selected aspects of designated nursing services, requiring specialized knowledge, skill and judgment, but not requiring the qualifications essential for the practice of professional nursing;

"C. Counseling and health teaching of persons who are experiencing normal developmental changes, or who require assistance in the maintenance of health, the management of health or the management of illness, injury or infirmity; and

"D. Administering medications and treatment as prescribed by a legally authorized person."

(e) *Practice licensed practical nursing.* — "Practice licensed practical nursing" means to perform in a team relationship an act that requires specialized knowledge, judgment, and skill based on principles of biological, physiological, behavioral, or sociological science to:

- (1) Administer treatment or medication to an individual;
- (2) Aid in the rehabilitation of an individual;
- (3) Promote preventive measures in community health;
- (4) Give counsel to an individual;
- (5) Safeguard life and health;
- (6) Teach or supervise; or
- (7) Perform any additional acts authorized by the Board under § 7-205 of his title.

MASSACHUSETTS

"Practical nursing" shall mean the performance for compensation of any of those services in observing and caring for the ill, injured or infirm, in applying counsel and procedures to safeguard life and health, in administering treatment or medication prescribed by a physician or dentist, or in teaching or supervising others, which are commonly performed by licensed practical nurses and which require specialized knowledge and skill such as are taught and acquired under the established curriculum in a school for practical nurses duly approved in accordance with this chapter.

MICHIGAN

(b) "Practice of nursing as a licensed practical nurse" or "l.p.n." means the practice of nursing based on less comprehensive knowledge and skill than that required of a registered professional nurse and performed under the supervision of a registered professional nurse, physician, or dentist.

MINNESOTA

Subd. 4. "The practice of nursing by a Licensed Practical Nurse" means the performing for compensation or personal services required in the nursing care of the sick not including the specialized education, knowledge, and skill required in professional nursing.

MISSISSIPPI

(c) The practice of nursing as a licensed practical nurse means performance for compensation of selected acts in the care of ill, injured or infirm under the direction of a registered nurse or a licensed physician or a licensed dentist which does not require the substantial specialized skill, judgment and knowledge required of a registered nurse.

MISSOURI

(7) "Practical nursing" is the performance for compensation of selected acts for the promotion of health and in the care of persons who are injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be performed under the direction of a person licensed to prescribe medications and treatments under the direction of a registered professional nurse;

MONTANA

(b) "Practice of Practical Nursing" means the performance for compensation of services requiring basic knowledge of the biological, physical, behavioral, psychological, and sociological sciences and of nursing procedures. Practical nursing practice utilizes standardized procedures leading to predictable outcomes in the observation and care of the ill, injured, and infirm; in the maintenance of health; in action to safeguard life and health; and in the administration of medications and treatments prescribed by a physician, dentist, osteopath, or podiatrist authorized by state law to prescribe medications and treatments. These services are performed under the supervision of a registered nurse or a physician, dentist, osteopath, or podiatrist authorized by state law to prescribe medications and treatments.

NEBRASKA

(5) The practice of nursing by a licensed practical nurse shall mean the assumption of responsibilities and the performing of acts, within the educational background of the practical nurse, under the direction of a licensed physician, dentist, osteopath, podiatrist, or registered nurse. These acts include:

- (a) Application of nursing techniques and procedures in the observation, teaching, and caring for the ill, injured, and infirm; and
- (b) Promoting community health;

NEVADA

6. "Practice of practical nursing" means the performance for compensation of selected acts in the care of the ill, injured or infirm under the direction of a registered professional nurse, a licensed physician, a licensed dentist or a licensed podiatrist, not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.

NEW HAMPSHIRE

IV. "Practical nursing" means the performance for compensation of selected services in the observation and care of the ill, injured or infirm, and in carrying out activities and procedures to safeguard life and health which are prescribed by and performed under the direction of a physician, dentist, or registered professional nurse licensed in New Hampshire. This practice requires basic knowledge and skill acquired in an accredited school or program of practical nursing but does not require the specialized, comprehensive knowledge, professional judgment and skill necessary for the practice of professional nursing as a registered professional nurse.

NEW JERSEY

The practice of nursing as a licensed practical nurse is defined performing tasks and responsibilities within the framework casefinding; reinforcing the patient and family teaching program through health teaching, health counseling and provision supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.

NEW MEXICO

B. "practical nursing" means nursing under the direction of a physician, dentist or registered nurse which involves the performance of those services required in observing and caring for the ill, injured or infirm; promoting preventive measures in community health; giving counsel and acting to safeguard life and health; and administering treatment and medication, prescribed by a person authorized in this state to prescribe such medications and treatments, that requires the skill, judgment and knowledge of a licensed practical nurse.

The foregoing definition shall not prevent the advanced practice of a licensed practical nurse who has satisfactorily completed a recognized program of study or its equivalent as determined by the board;

NEW YORK

2. The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding, health teaching, health counseling, and provision of supportive and restorative care under the direction of a registered professional nurse or licensed or otherwise legally authorized physician or dentist.

NORTH CAROLINA

The "practice of nursing by a licensed practical nurse" consists of the following five components:

- a. Participating in assessing the patient's physical and mental health including the patient's reaction to illnesses and treatment regimens;
- b. Recording and reporting the results of the nursing assessment;
- c. Participating in implementing the health care plan developed by the registered nurse and/or prescribed by any person authorized by State law to prescribe such a plan, by performing tasks delegated by and performed under the supervision or under orders or directions of a registered nurse, physician licensed to practice medicine, dentist, or other person authorized by State law to provide such supervision;
- d. Reinforcing the teaching and counseling of a registered nurse, physician licensed to practice medicine in North Carolina, or dentist; and
- e. Reporting and recording the nursing care rendered and the patient's response to that care. (1981, c. 360, s. 1.)

NORTH DAKOTA

3. The "practice of nursing as a licensed practical nurse" is defined as the performance of those services, requiring the basic knowledge of biological science and technical skills, commonly performed by a licensed practical nurse under the direction of a registered nurse, licensed physician, or dentist for the purpose of:
- a. The maintenance of health and prevention of illness.
 - b. The observation and nursing care of persons experiencing changes in their health processes.
 - c. Administering prescribed medications and treatments.
 - d. Teaching and evaluating health practices of patients.
 - e. Providing specialized nursing care when such service is authorized by the board through its rules and regulations and delegated by a registered nurse, physician, or dentist, to a licensed practical nurse who has had additional preparation or experience.

OHIO

"Practical nursing" means the performance for compensation of nursing services requiring the employment of technical skills, a basic knowledge of biological and behavioral sciences and of nursing procedures acquired through a course in an approved school of practical nursing and performed at the direction of a licensed physician, licensed dentist, or other person legally authorized to prescribe medical or dental treatment or at the direction of a registered nurse, provided, however, the practice of practical nursing shall not be construed to include services rendered by technicians and medical assistants under the direction or control of a licensed physician or dentist.

Acts of medical diagnosis or prescription of medical therapeutic, or corrective medical measures by a nurse are prohibited.

This section does not apply to persons employed as nursing aides, attendants, orderlies, or other auxiliary workers in patient homes, nurseries, nursing homes, hospitals, or other similar institutions.

A licensed practical nurse is a person who has complied with sections 4723.01 to 4723.38, inclusive, of the Revised Code, and has been granted a license to engage in practical nursing by the board of nursing education and nurse registration.

OKLAHOMA

(c) The practice of practical nursing means the performance for compensation of nursing services (a) in the care of those not acutely ill, such as the convalescent, aged or infirm, (b) in other care, such as in the case of those more acutely ill under the supervision and/or direction of a registered professional nurse, or a licensed physician or dentist, which includes the administration of medications and treatments prescribed by a licensed physician or dentist, and (c) the teaching of nurse aides.

OREGON

(7) "Practice of practical nursing" means the application of knowledge drawn from basic education in the social and physical sciences in planning and giving nursing care and in assisting persons toward achieving of health and well-being.

PENNSYLVANIA

1) The "practice of practical nursing" means the performance of selected nursing acts in the care of the ill, injured or infirm under the direction of a licensed professional nurse, a licensed physician or a licensed dentist which do not require the specialized skill, judgment and knowledge required in professional nursing.

RHODE ISLAND

g) Practical nursing: Is practiced by licensed practical nurses (P.N.'s). It is an integral part of nursing based on a knowledge and skill level commensurate with education. It includes promotion, maintenance, and restoration of health and utilizes standardized procedures leading to predictable outcomes which are in accord with the professional nurse regimen under the direction of a professional nurse. In situations where professional nurses are not employed, the licensed practical nurse functions under the direction of a duly licensed physician, dentist, or podiatrist. Each L.P.N. is responsible for the nursing care rendered.

SOUTH CAROLINA

The term "practice of practical nursing" means the performance for compensation, under the direction of a registered nurse, licensed physician or licensed dentist, of acts in health care maintenance, care of the ill, injured and infirm, and in administering treatments and medications as authorized and prescribed by a licensed physician or licensed dentist, which acts require knowledge, judgment and skill as prerequisites to licensure under this chapter, and which shall not include acts of diagnosis or prescription of therapeutic or corrective measures.

A licensed practical nurse may perform additional acts requiring special education and training, approved by the State Board of Nursing, which are recognized jointly by the medical and nursing professions as proper for the licensee to perform and which are recognized by the State Board of Nursing through its rules and regulations.

SOUTH DAKOTA

36-9-4. Scope of licensed practical nursing practice. As used in this chapter, the practice of licensed practical nursing means:

- (1) The performance of any acts in the care, treatment, or observation of the ill, injured or infirm;
- (2) Maintenance of health of others and promotion of health care;
- (3) Assisting with health counseling and teaching; and
- (4) Applying procedures to safeguard life and health, including the administration of medications and treatments consistent with the practical nurse's education and preparation under the direction of a physician licensed or exempt from licensing pursuant to chapter 36-4, dentist or registered nurse.

TENNESSEE

63-7-108. "Practical nursing" defined. — The practice of practical nursing means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist, or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse. [Acts 1967, ch. 78, § 17; T.C.A., § 63-745.]

TEXAS

Section 1. (a) The term "Licensed Vocational Nurse" as used in this Act, shall mean any person who directly attends or cares for the sick for compensation or hire, and whose personal qualifications, preliminary education or nursing education in biological, physical and social sciences will not qualify that person to become certified as a professional registered nurse, as defined and regulated under the laws of this State, and who uses the designation Licensed Vocational Nurse, or the abbreviation L. V. N.

UTAH

(1) "Practice of practical nursing" means the performance for compensation of acts in the care of the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or other specific licensed health care professional as defined in the rules, by one having the substantial specialized skill, judgment, and knowledge required in practical nursing.

VERMONT

(3) "The practice of practical nursing" means the performance of services requiring the specialized knowledge, skill and judgment necessary for carrying out selected aspects of the designated nursing regimen at the direction of a registered professional nurse or licensed physician or licensed dentist in:

- (A) Health teaching and health counseling;
- (B) Provision of care which is supportive or restorative to life and well-being directly to the patient or through supervision of assistants; or
- (C) Execution of a medical regimen at the direction of a licensed physician or licensed dentist, who need not be physi-

"Practical nursing" or "licensed practical nursing" means the performance for compensation of selected nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health processes; in the maintenance of health; or in the prevention of illness or disease. Practical nursing or licensed practical nursing requires knowledge, judgment and skill in nursing procedures gained through prescribed education. Practical nursing or licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a professional nurse, registered nurse or registered professional nurse or other licensed health professional authorized by regulations of the Board.

WASHINGTON

(4) "Licensed practical nurse practice" shall mean "the performing for compensation, services required in the nursing care of the ill, injured or infirm, under the direction of a licensed physician and surgeon, osteopathic physician and surgeon, dentist, chiropodist, or under the direction and supervision of a licensed registered professional nurse and not involving the specialized education, knowledge, skill and exercise of independent judgment required in professional nursing."

WEST VIRGINIA

(a) The term "practical nursing" means the performance for compensation of selected nursing acts in the care of the ill, injured or infirm under the direction of a registered professional nurse or a licensed physician or a licensed dentist, and not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.

WISCONSIN

(3) Practice of practical nursing. The practice of practical nursing under this chapter means the performance for compensation of any simple acts in the care of convalescent, subacutely or chronically ill, injured or infirm persons, or of any act or procedure in the care of the more acutely ill, injured or infirm under the specific direction of a nurse, physician, podiatrist or dentist. A simple act is one which does not require any substantial nursing skill, knowledge or training, or the application of nursing principles based on biological, physical or social sciences, or the understanding of cause and effect in such acts and is one which is of a nature of those approved by the board for the curriculum of schools for licensed practical nurses.

YOMING

"Practice of practical nursing" means the performance of technical services requiring basic knowledge of the biological, physical, chemical, psychological and sociological sciences and of nursing procedures. These services are performed under the direction of a licensed physician or dentist, or registered professional nurse, and utilize standardized procedures leading to predictable outcomes in the observation and care of the ill, injured and infirm in the maintenance of health, in the safeguarding of life and health and in the administration of nursing and treatments prescribed by any person authorized by state law to prescribe;

2

SENATE HEALTH & WELFARE
EXHIBIT NO. #2
DATE 3/15/89
BILL NO. HB 389

March 13, 1989

TO: Senate Committee on Public Health, Welfare and
Safety

FROM: Patricia Dotter, R.N.
Coordinator/Instructor
Practical Nursing Program
Helena Vocational Technical Center

RE: H.B. 389 - "An act clarifying the definition of
the practice of practical nursing"

As a practical nursing instructor I have had to try to explain what a "predictable outcome" is to my students since 1981. I have never seen a formal definition of the term but knew it had been written by a task force appointed in 1980 to change the definition of practical nursing.

When this bill was introduced by Representative Campbell, it made me stop and think - Is this a meaningful or meaningless phrase in the Nurse Practice Act? I have always questioned in my own mind what it meant and what it allowed or didn't allow the L.P.N. to do.

After H.B. 389 was introduced, I have been doing a lot of brainstorming, questioning and researching this issue. I use a textbook by Kozier and Erb called Techniques in Clinical Nursing to teach routine nursing procedures in a class called Nursing Fundamentals. This book is organized and written in a form called the nursing process. At the end of each technique, you will note in the handout, there are expected outcomes and unexpected outcomes. In the preface at the beginning of the book, the authors explain that there are, and I quote, "examples of expected and unexpected outcomes, recognizing that in practice these outcomes are specific for each patient". I do believe that this means due to the variables of each patient and their diagnosis that outcomes cannot be predicted.

If a nurse, either R.N. or L.P.N., obtains an unexpected outcome, he or she must be able to recognize this and reevaluate the findings and procede accordingly. This is just good nursing care.

In my opinion, as an instructor in a practical nursing program, this change will not increase the role or scope of practical nursing, but make the definition more realistic. Please support H.B. 389. If you have any questions please call me at 442-0060(work) or 449-7332(home).

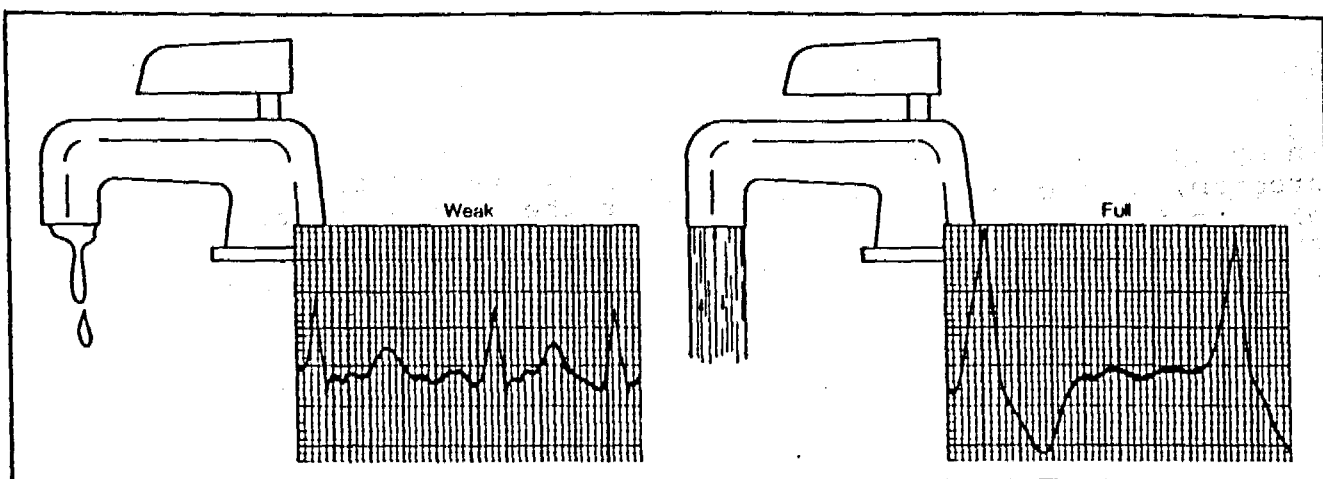


FIGURE 8-11 ■ Two comparative electrocardiographs, one illustrating a weak pulse volume and one a full pulse volume.

arrhythmia. In terms of volume, a pulse that is weak and easily obliterated is described as *weak*, *feeble*, or *thready*; an abnormally strong pulse is referred to as *full* or *bounding*.

Abnormalities of pulse tension are an arterial wall that feels *rough* or *bendy* (uneven) and an artery that lacks elasticity and feels *hard* or *gritty* to the touch.

TECHNIQUE 8-4 ■ Assessing a Peripheral Pulse

A pulse is commonly measured by palpation (feeling) or auscultation (hearing). The middle three fingertips are used for palpating all pulse sites except the apex of the heart. A stethoscope is used for assessing apical pulses and fetal heart tones. Increasingly ultrasound (Doppler) equipment is being used to assess pulses that are difficult to assess. See Intervention, step 3b.

Occasionally a radial pulse and an apical pulse are taken simultaneously by two persons (see Technique 8-6). This is called an apical–radial pulse. Differences between the two rates can indicate cardiovascular disorders.

The cardiac monitoring machine is another device for assessing the pulse rate. It indicates the rate on a screen or readout graph. However, this method is beyond the scope of this chapter.

A peripheral pulse, usually the radial pulse, is assessed for all individuals *except*:

1. Newborns and children up to 2 or 3 years. Apical pulses are assessed in these patients.
2. Very obese or elderly patients, whose radial pulse may be difficult to palpate. Doppler equipment may be used for these patients or the apical pulse is assessed.
3. Individuals with a heart disease, who require apical pulse assessment.

4. Individuals in whom the circulation to a specific body part must be assessed, eg, following leg surgery the pedal (dorsalis pedis) pulse is assessed.

■ Assessment

Assess the patient for:

1. Skin color and warmth, eg, assess the color and warmth of the foot when taking a pedal pulse
2. Facial pallor and cyanosis of the lips and nail beds

Additional data include:

1. Baseline data about the peripheral pulse rate, volume, and rhythm and the arterial wall
2. Most recent pulse assessments
3. Nursing or medical orders to be implemented as a result of the assessment

■ Nursing Diagnosis

Nursing diagnoses that may indicate the need to assess a patient's peripheral pulse include:

1. Potential or actual activity intolerance related to:
 - a. Alterations in the oxygen transport system (cardiac, respiratory, or circulatory)

- b. Chronic disease
 - c. Malnourishment
 - d. Prolonged bed rest
 - e. Sedentary life-style
2. Alterations in cardiac output (decreased) related to:
 - a. Cardiac factors
 - b. Pulmonary disorders
 - c. Endocrine disorders
 - d. Hematologic disorders
 - e. Fluid and electrolyte imbalances
 - f. Stress
 - g. Surgery
 - h. Medications (diuretics, antihypertensives, vasoconstrictors, vasodilators)
 - i. Allergic response
 - j. Sepsis
 3. Alterations in respiratory function related to:
 - a. Excessive or thick secretions
 - b. Infection
 - c. Neuromuscular impairment
 - d. Loss of lung elasticity
 - e. Anesthesia
 - f. Smoking
 - g. Suppressed cough reflex
 - h. Immobility
 4. Actual or potential fluid volume deficit related to:
 - a. Decreased fluid intake
 - b. Abnormal fluid loss

■ Planning

Nursing goals

1. To acquire baseline data against which future assessments can be compared
2. To evaluate a patient's pulse following special therapy, such as digitalis medication
3. To assess an abnormal pulse

Equipment

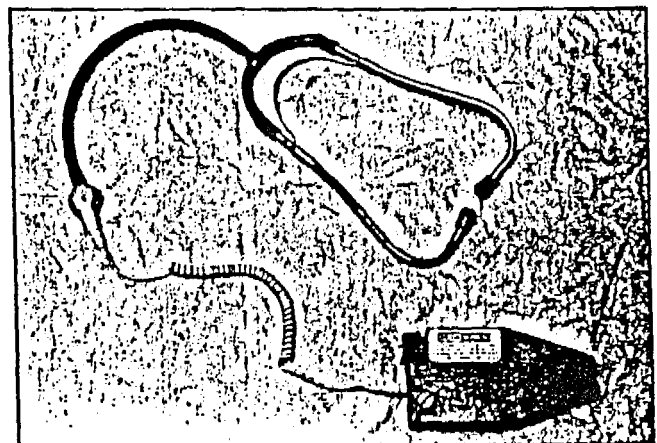
1. A watch with a second hand or indicator to count the pulse rate
2. A pencil or pen to record pulse data
3. A book, record, or worksheet on which to record pulse data
4. If a Doppler ultrasound stethoscope (DUS) will be used, the transducer in the DUS probe (a device resembling a small transistor radio), a stethoscope headset, and transmission gel. See Figure 8-12. Do not use K-Y jelly, which contains probe-damaging

salts. The DUS headset has earpieces similar to standard stethoscope earpieces but it has a long cord attached to a volume-controlled audio unit and an ultrasound transducer. The DUS detects *movement* of red blood cells through a blood vessel. In contrast, the conventional stethoscope amplifies only *sound*, not movement. The DUS can detect blood flow if the blood cells are moving faster than 6 cm per second and at a depth of about 5 cm (Hudson, 1983, p 55). It cannot detect blood flow in deep vessels or in those underlying bone, such as the vessels in the abdomen, thorax, or skull. The DUS is battery operated, and batteries need replacement about every 6 months. Many agencies write the date of battery installation on a small adhesive label and attach it to the case as a reminder to replace the battery.

■ Intervention

1. Select the pulse point. Normally, the radial pulse is taken, unless it cannot be exposed or circulation to another body area is to be assessed.
2. Assist the patient to a comfortable resting position. When the radial pulse is assessed the arm can rest alongside the patient with the palm facing downward or the forearm can rest at a 90° angle across the chest with the palm downward. For the patient who can sit, the forearm can rest across the thigh with the palm of the hand facing downward or inward.
3.
 - a. When palpating the pulse, place three middle fingertips lightly and squarely over the pulse point. See Figure 8-13.
 - Rationale* Using the thumb is contraindicated because the thumb has a pulse that the nurse could mistake for the patient's pulse.
 - b. For using a Doppler ultrasound device, Hudson (1983, p 56) outlines the following steps:

FIGURE 8-12 ■ An ultrasound (Doppler) stethoscope.



- Plug the stethoscope headset into one of the two output jacks located next to the volume control. DUS units have jacks for two headpieces and accessory loudspeakers so that another person can listen to the signals.

- Apply transmission gel either to the probe, at the narrowed end of the plastic case housing the transducer, or to the patient's skin.

Rationale Ultrasound beams do not travel well through air. The gel makes an airtight seal, which promotes optimal ultrasound wave transmission.

- Press the "on" button.
- Hold the probe at a 45° angle against the skin over the pulse site. Use a light pressure, and keep the probe in contact with the skin.

Rationale Too much pressure can stop the blood flow and obliterate the signal.

- Distinguish between artery and vein sounds. The artery sound (signal) is distinctively pulsating and has a pumping quality. The venous sound is like the wind, is intermittent, and varies with respirations.

Rationale Both artery and vein sounds are heard simultaneously through the DUS, since major arteries and veins are situated close together throughout the body.

- If you have difficulty hearing arterial sounds, reposition the probe.

- Count the pulse for 30 seconds and multiply by 2

FIGURE 8-13

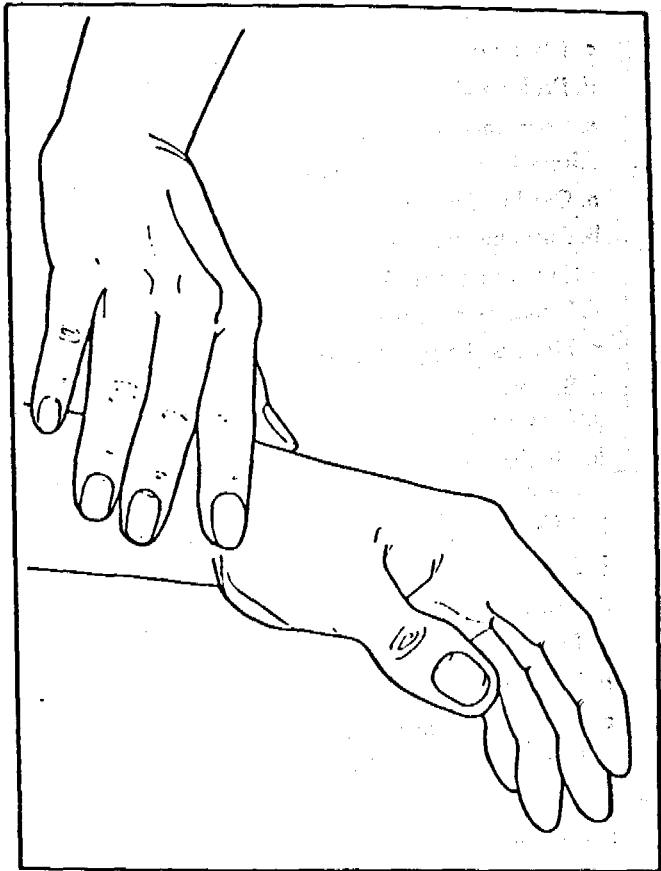
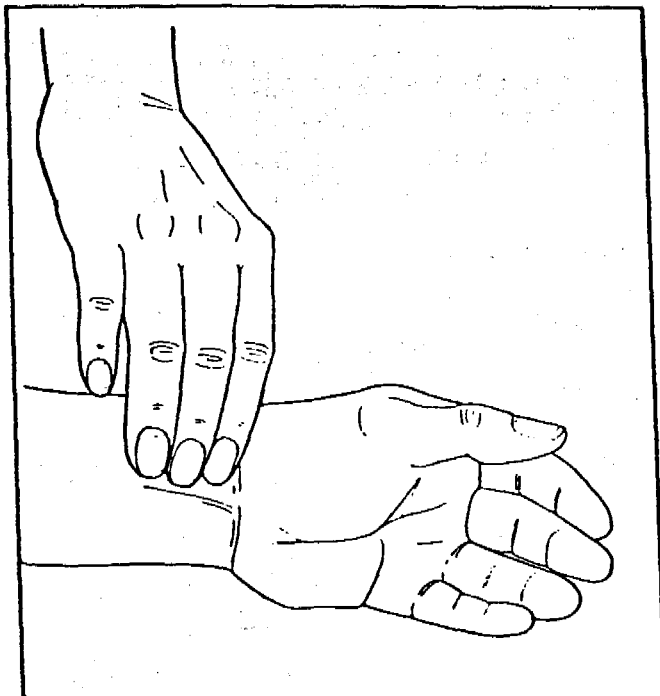


FIGURE 8-14

if the pulse is regular. If it is irregular, count for one full minute.

Rationale An irregular pulse requires a full minute's count for a correct assessment.

- Assess the pulse rhythm by noting the pattern of intervals between the beats. A normal pulse has equal time periods between beats. If this is an initial assessment, assess for one full minute.
- Assess the pulse volume. A normal pulse can be felt with moderate pressure, and the pressure is equal with each beat. A forceful pulse volume is full; an easily obliterated pulse is weak.
- To assess the arterial wall, compress the artery firmly and run a finger distal to the heart along the artery. See Figure 8-14. A normal arterial wall is smooth and straight.
- Record the pulse rate, rhythm, and volume, and the condition of the arterial wall.

Sample Recording

Date	Time	Notes
5/8/86	0900	Pale and listless. Pulse 116, weak and thready. Reported above to Ms. N. McNamara. _____ Sally M. Sahara, NS

9. After using the DUS, remove all the gel from the probe to prevent damage to its surface. Clean the transducer with aqueous solutions.

Rationale Alcohol or other disinfectants may damage the face of the transducer.

■ Evaluation

Expected outcomes

1. A pulse rate within the normal range for the patient
2. A normal pulse volume for the patient
3. A regular pulse rhythm
4. An arterial wall that is smooth and straight

Unexpected outcomes

1. A pulse rate faster or slower than normal for the patient
2. A full, bounding or weak pulse volume
3. An irregular pulse rhythm
4. A tortuous arterial wall

Upon obtaining an unexpected outcome:

1. Reassess the patient's pulse immediately.
2. Assess the patient's respirations and blood pressure.
3. Report your findings to the responsible nurse and/or physician.

TECHNIQUE 8-5 ■ Assessing an Apical Pulse

An apical pulse, at the apex of the heart, is commonly assessed for newborns, infants, and children up to 2 or 3 years. It may also be indicated for patients with cardiac arrhythmias and those receiving medications to improve heart action.

■ Assessment

Assess the patient for:

1. Skin pallor and/or cyanosis of the lips or nail beds
2. Shortness of breath or restlessness
3. The emotional state, since emotions can increase the pulse rate

Other data include:

1. Baseline data about the apical pulse and recent previous assessments
2. The frequency and times at which the apical pulse has been assessed
3. Nursing and/or medical orders to be implemented as a result of the assessment

■ **Nursing Diagnosis** See Technique 8-4 on page 115.

■ Planning

Nursing goals

1. To establish a baseline in the initial assessment of the patient

2. To determine a change from prior measurements
3. To determine the rate, rhythm, and volume of the apical pulse

Equipment

1. A watch with a second hand to time the rate of the apical pulse.
2. A stethoscope with a bell-shaped or a flat-disc diaphragm to listen to the heartbeats. See Figure 8-15.
3. Antiseptic wipes to clean the earpieces and diaphragm of the stethoscope if their cleanliness is in doubt. Only the diaphragm needs to be cleaned if the nurse's own stethoscope is used.
4. If using ultrasound, a Doppler ultrasound stethoscope, probe (transducer), and transmission gel.
5. A pencil or pen to record pulse data.
6. A book, record, or worksheet on which to record pulse data.
7. A pacifier if necessary to quiet a newborn or infant.

■ Intervention

1. Assist an adult or young child to a comfortable supine position with the head of the bed elevated or to a sitting position on a chair, the edge of the bed, or the examination table. Place a baby on his or her back, and offer a pacifier if the baby is crying or restless.

Rationale Crying and physical activity increase the pulse rate. For this reason, the nurse also takes the

PROCEDURES THE PRACTICAL NURSING STUDENT CAN DO

Admitting, transferring, and discharging patient

Applications of heat and cold

Assisting with physical examination

Bedmaking - open, closed, and occupied

Binders and bandages

Blood sugar monitoring*

C/A

Catheterization

Charting

Collection of specimens: urine, stool, and sputum

Colostomy care*

Cultures - wound and throat

Discontinue IV's and dressing change*

Enemas and rectal tubes

Insertion of naso-gastric tube*

Intake and output

Irrigations - vaginal, wound, eye, ear, and bladder*

Isolation*

Oxygen therapy

Personal care and hygiene

Pharyngeal suctioning*

Pre and post operative care*

Range of motion

Removal of staples and sutures

Restraints

Serving trays and feeding patients

Sterile technique - dressings

TPR and B/P, Apical pulse, *breath sounds, and *bowel sounds

*Will be taught during Winter Quarter



Montana Nurses' Association

P.O. Box 5718 • Helena, Montana 59604 • 442-6710

#3
SENATE HEALTH & WELFARE
EXHIBIT NO. #3
DATE 3/5/89
BILL NO. HB389

Senator Hager, Members of the Committee

My name is Sharon Dieziger and I represent the Montana Nurses' Association. I'm here to speak against HB 389.

I am pleased to be back before a committee that understands the importance of scope of practice and the responsibility that licensing boards have to be as specific as possible in defining scope of practice.

HB 389 attempts to remove the words "predictable outcome" from the Licensed Practical Nurse Scope of Practice. Predictable outcomes vs unpredictable outcomes are key to the practice of Licensed Practical Nurses, Student Nurses and Registered Nurses. It is primary for the LPN's protection also, and should provide guidance and protection to practice within the legal boundaries of their educational preparation. It also tells the employer and the consumer that there are boundaries of practice based on educational preparation.

All patients potentially fall into categories that go from predictable to unpredictable outcomes. Predictable: Some patient problems are well defined, clearly discernible, and therefore have predictable outcomes. In these situations, nurses tend to implement well established, frequently utilized nursing interventions. Unpredictable: These outcomes are related to problems that are complex, confounded and/or infrequently encountered. The solution to these idiosyncratic problems requires insight, in-depth analysis of multiple factors, and the implementation of creative nursing interventions. Colleges of Nursing utilize these definitions to move students from relatively structured to unstructured learning situations, from dependence to independence, throughout a four-year educational process. Institution managers plan patient care and make assignments for patient care based on the complexity of patient illness and preparedness of staff by the license they carry.

Institutions that hire Licensed Practical Nurses and Registered Nurses, and have students in their facilities, must have definitive definitions in order to assign personnel appropriately and safely to patient care. Again, that comes from a job description based on their licensed scope of practice or from their level of education as students.

It is certainly not appropriate to bring this complex issue to the Legislature without ever approaching your own licensing board, who is responsible for your definition of practice. The Board of Nursing was not approached on this issue prior to the legislative session. This is where it needs to begin.

In this session alone, you know that PAs went to their Board of Medical Examiners for endorsement of legislation, Nurse Practitioners and nurses sponsoring legislation for chemical dependency both met with their Board of Nursing prior to coming to the Legislature. Why would the LPNs choose to just come directly to the Legislature and bypass their own licensing board?

If this bill passes, the onus would be on the vo-tech educational programs to prepare Licensed Practical Nurses to provide care to patients with unpredictable outcomes. These programs are less than 12 months in length. Associate Degree programs for Registered Nurses which are two years in length do not even attempt this.

The National League for Nursing states that part of the practice of graduates of two-year Associate Degree programs consists of nursing interventions selected from established nursing protocols where probable outcomes are predictable. This potential expansion in the LPN Scope of Practice is so out of sync with national standards and the national licensure exam that there would be no way to test LPNs on their proficiency to provide such care safely.

Model definitions have become fairly broad, but Administrative Rules define the standards very specifically. In May of 1988, the National Council of State Boards of Nursing published Model Nurse Administrative Rules. On pages 10 and 11, the standards are clearly defined.

Purpose of Standards:

To establish minimal acceptable levels of safe practice for the Licensed Practical Nurse.

Standard 3 states:

Participate in the assisting, delegating and giving of direct care by:

- a. Providing care for clients whose conditions are stabilized or predictable.
- b. Assisting with the provision of care for clients whose conditions are critical and/or unpredictable under the direct supervision by a Registered Nurse.

The Licensed Practical Nurse is an integral and important care giver in today's health care setting. We value them as colleagues; however we must ask this committee to not support expansion of the Licensed Practical Nurse role without accompanying expansion of education preparation and licensing examination standards. HB 389 is not a credible answer to the nursing shortage, the liability of institutions nor to patients who should assume that a license to practice assures a scope of practice based on education and preparation.

If the Licensed Practical Nurses desire to remove the terminology of predictable outcomes from their definition of practice, then they must define what is their scope of practice, based on their educational preparation and exactly what it is they are prepared to do and what are the limitations. A licensee cannot just choose to remove key language in the scope of practice and retain accountability to the public.

Vote NO on HB 389 and demand that practitioners follow appropriate channels and utilize their own licensing boards before coming to the Legislature and utilizing your valuable time for an issue that should be first addressed at the licensing board level.

Thank you for your thoughtful consideration.



Montana Nurses' Association

P.O. Box 5718 • Helena, Montana 59604 • 442-6710

HB 389 DEFINITION OF PRACTICAL NURSING

1. Definition describes the responsibilities and scope of practice for which the LPN will be held accountable.
2. Clearly distinguishes LPN responsibilities and practice from that of RN.
3. Standardized Procedure - Board has determined this to mean "routinely executed nursing actions for which there is an established level of knowledge and skill."
4. Predictable Outcome - means an expected response to a standardized procedure.
5. Both the RN and LPN are required to have the same basic concepts of nursing care including the necessary manual skills for basic procedures but the understanding, knowledge and skill necessary for complex nursing problems is not included in the basic practical nursing education program.
6. The LPN is authorized to perform selected nursing acts in accordance with the nature and amount of knowledge and skill required for the act.
7. As the law is written - it differentiates between the types of practice. It recognizes the difference in the educational preparation of the practical and professional practitioners of nursing.
8. The current definition of practical nursing recognizes the singular element that distinguishes the LPN from the RN, ie; the breadth and depth of educational preparation of the practitioner. Standardized procedures with predictable outcomes clearly delineates this.
9. Practical nursing programs prepare persons to give nursing care under the supervision of a registered nurse or a physician, to patients in simple nursing situations. In more complex situations, the LPN functions as an assistant to the registered nurse.
10. LPN's perform therapeutic nursing techniques, incorporating basic biological and psychological principles in giving care. This type of expected performance does not go beyond the standardized procedure described as a routinely executed nursing action.
11. Removal of the phrase "predictable outcome" would remove all barriers to the LPN performing activities relative to the complex nursing problems for which they do not have the necessary knowledge base or skill.

#3

SENATE HEALTH & WELFARE

EXHIBIT NO. #3a

DATE 3/15/89

BILL NO. HB 389

SENATE HEALTH & WELFARE

EXHIBIT NO. _____

DATE _____

BILL NO. _____

Model Nurse

Administrative Rules

Chapter

Comment

12. Conduct practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, handicap or disease.
13. Respect the dignity and rights of clients regardless of social or economic status, personal attributes or nature of health problems.
14. Respect the client's right to privacy by protecting confidential information unless obligated by law to disclose the information.
15. Respect the property of clients, family, significant others and the employer.

Regulation II - Standards of Nursing Practice for the Licensed Practical Nurse. MNPA, Article III, Section 2(c)(ii).

A. Purpose of Standards

1. To establish minimal acceptable levels of safe practice for the Licensed Practical Nurse.
2. To serve as a guide for the Board to evaluate nursing care to determine if it is safe and effective

B. Standards related to the licensed practical nurse's contribution to and responsibility for the nursing process.

The licensed practical nurse under the direction or supervision of a registered nurse, licensed physician or dentist shall:

1. Contribute to the nursing assessment by:
 - a. Collecting, reporting and recording objective and subjective data in an accurate and timely manner. Data collection includes:
 - i. Observation about the condition or change in condition of the client.
 - ii. Signs and symptoms of deviation from normal health status.
2. Participate in the development of the strategy of care in consultation with other nursing personnel by:
 - a. Providing data.
 - b. Contributing to the identification of priorities.
 - c. Contributing to setting realistic and measurable goals.

Chapter

Comment

- d. Assisting in identification of measures to maintain comfort, support human functions and responses, maintain an environment conducive to well-being, and provide health teaching and counseling.
3. Participate in the assisting, delegating and giving of direct care by:
 - ✓ a. Providing care for clients whose conditions are stabilized or predictable.
 - ✓ b. Assisting with the provision of care for clients whose conditions are critical and/or unpredictable under the direct supervision by a registered nurse.
 - c. Implement nursing care according to the priority of needs and established practice.
 - d. Providing an environment conducive to safety and health.
 - e. Documenting nursing interventions and responses to care.
 - f. Communicating nursing interventions and responses to care to appropriate members of the health team.
4. Contribute to the evaluation of the responses of individuals or groups to nursing interventions.
 - a. Evaluation data shall be documented and communicated to appropriate members of the health care team.
 - b. The Licensed Practical Nurse shall contribute to the modification of the strategy of care on the basis of the evaluation.
 - c. Evaluate the responses of individuals to nursing interventions.

C. Standards Relating to the Licensed practical Nurse's Responsibilities as a Member of the Health Team.

The Licensed Practical Nurse shall:

1. Have knowledge of the statutes and regulations governing nursing and function within the legal boundaries of practical nursing practice.
2. Accept responsibility for individual nursing actions and competence.

4
SENATE HEALTH & WELFARE
EXHIBIT NO. # 4
DATE 3/15/89
BILL NO. HB 389

March 11, 1989

To: Senate Public Health, Welfare and Safety Committee
Re: Testimony offered in opposition to HB 389, An Act Clarifying the Definition of the Practice of Practical Nursing.
By: Laura Lenau, R.N., M.S., Director, Nursing Program, Miles Community College. Program Director, 6 years; AD/RN Nursing Instructor, 4 years.

The Licensed Practical Nurse (LPN), by definition of scope of practice and by educational preparation, focuses practice on the performance of skills, techniques, and procedures which have predictable outcomes that are performed for patients with common healthcare needs, in a supervised setting. The educational preparation for LPNs in the State of Montana is a four quarter technical program. Comparatively, the Associate Degree Prepared Registered Nurse (AD/RN) is prepared to practice in supervised settings caring for patients with common healthcare needs. The AD/RN educational preparation consists of seven quarters.

In order to protect patient safety if the LPN role is expanded to include skills, techniques, and procedures that do not have predictable outcomes, there should be a requirement for curricular change to reflect the theoretical foundation required for the application of the Nursing Process. Differentiated practice requires differentiated educational preparation.

Analysis and synthesis of patient information is necessary to the safe practice of nursing in situations that are unpredictable. Such analysis and synthesis are only possible with in depth theoretical scientific knowledge. LPN curriculum is not designed to provide such a basis for decision-making.

In the interest of patient safety I urge you to vote in opposition to HB 389.

Laura Lenau, R.N., M.S.
Director, Nursing Program



**Montana
Deaconess**

Medical Center
1101 Twenty Sixth Street South
Great Falls, Montana 59405-5193
406 761-1200

SENATE HEALTH & WELFARE
EXHIBIT NO. #5
DATE 3/15/89
BILL NO. HB 389

Chairman Hager - Members of the Committee

I speak as an **opponent** of House Bill #389. My name is Gretchen Fitzgerald. I am a Registered Nurse with over 17 years of nursing management experience in an acute care facility in Montana. Currently, I am Vice President for Nursing at the Montana Deaconess Medical Center in Great Falls - a position I have held for the past 7 years. In this position, I am ultimately responsible for the patient care delivery system and all aspects of professional and practical nursing practice in a 288 bed hospital.

Approximately 15% - 18% of the staff employed within the division of Nursing are Licensed Practical Nurses. Areas of employment for the LPNs range from medical-surgical units to the operating room. Our LPNs are contributing, caring members of our nursing team who compliment the overall performance of delivering safe, effective patient care.

You are aware of the changing climate in our health care delivery system; aware of the increased acuity of patients admitted to hospitals; aware of the "sicker and quicker" theory in acute care settings; i.e., sicker patients are admitted and dismissal occurs more quickly; you are aware of sophisticated diagnostic and therapeutic techniques, and the rapid escalation of high technology utilized in health care across our nation.

Given all these dynamic changes, I feel it is prudent, practical and perceptive to retain the present language of the Statutes and Rules Relating to Nursing which identifies "predictable outcomes" in defining the practice of practical nursing. Given the scope of education, training, and purpose of the LPN practice, that language protects the practitioner as well as the patient.

Although one might argue that "predicted outcomes" cannot be assured, they can be anticipated. Assignments given, scope of practice and competency levels should all take into account the educational preparation and content of curriculum when defining the role of the licensed practical nurse or any health discipline. To remove language from the current Nurse Practice Act could result in an expansion of the LPN scope of practice without first addressing the basic preparation, skills expectation, and general intent of the role of practical nursing.

LPNs with whom I have visited, recognize that 12 months of didactic and clinical preparation prepares them for supervised, structured and predictable settings in our complex health care system. If this bill is passed, healthcare institutions could unfairly expect expansion of the role of the LPN which exceeds their intended scope of practice.

I urge you to vote "no" on this bill.

Thank you.

HC
SENATE HEALTH & WELFARE
EXHIBIT NO. #6
DATE 3/15/89
BILL NO. HB 389

my name is Maura Fields. I am writing in opposition to H.B. 389. I have practiced as a registered nurse in the State of Montana for ten years. I am serving as President-Elect for the Montana Organization of Nurse Executives and am presently employed at North Valley Hospital in Whitefish as the Director of Professional Services. Because my position entails the supervisory responsibilities for acute care nursing, I have taken a keen interest in H.B. 389.

I am opposed to the passage of this bill for the following reasons:

1. LPN practice, according to the Montana Nurse Practice Act, is founded on the "basic knowledge of the biological, physical, behavioral, psychological and sociological sciences and of nursing procedures." Their current training reflects this purpose. Because this knowledge and training is not as broad based and comprehensive as that of the professional registered nurse, LPN practice lends itself to procedures with predictable outcomes. Expanded knowledge base is essential for developing skill and judgement required in procedures with unpredictable outcomes. The result of H.B. 389 would expand the scope of LPN practice without expanding education and training. The existing system of nursing education allows for expanded practiced based on expanded education. This option is available to LPNs in both A.D.N and B.S.N. programs. If scope of nursing practice is expanded without corresponding preparation, the net result will be a lower standard of nursing care to the consumer. There is not one health care profession that has suggested expanding scopes of practice without expanding training and educational preparation.
2. It has been argued by some that expanding LPN roles will alleviate the nursing shortage. Again, expanding practice roles of LPNs is a standard of care issue. By not having a corresponding educational component to expanded practice is to suggest that lowering standards of nursing care is a sensible solution to the nursing shortage. As a nursing administrator I find this unacceptable as it proposes a safety issue for patients under their care and a professional concern for all professionals who supervise them.

3. A final concern centers around a directive given to those of us in organized nursing in the state during the 1987 legislature. During the debate on, "Entry into Practice" the legislature directed nurses to reach agreement on changes in state law relative to practice. The fact that the LPN association has not done so goes contrary to that request. It amounts to a unilateral move without input and dialogue from Montana Organization of Nurse Executive, Montana Nurses' Association and other nursing organizations in the state. At minimal, this professional courtesy is warranted.

In summary, I urge you to vote NO to H.B. 389. Thankyou!

Sincerely,

Maura Fields RN

Maura Fields, RN
Director of Professional Services
NORTH VALLEY HOSPITAL

Deaconess
Medical
Center

P.2

#7

SENATE HEALTH & WELFARE

EXHIBIT NO. #7

DATE 3/15/89

BILL NO. HB 389

TESTIMONY: HOUSE BILL 389

My name is Elaine Watkins. I am Vice President for Patient Services at Deaconess Medical Center of Billings, Incorporated. I am responsible for the delivery of nursing care services at Deaconess. We utilize primarily Registered Nurses and Licensed Practical Nurses in our delivery model. Both disciplines equally contribute to our ability to provide a quality care product.

I am gravely concerned with the proposal of House Bill 389 to eliminate predictable outcomes from the definition of the practice of practical nursing.

Over the past five to seven years, major changes have occurred in our health care delivery system. We have watched the acuity of our patients rise as advances in medical knowledge, treatments, modalities, technological advances, and even more acutely reimbursement pressures have driven these changes.

Now our industry is concerned over the predicted shortage in healthcare providers - specifically nurses.

The development of the role of the Practical Nurse and its definition as established in the Nurse Practice Act was established as a safeguard to public welfare and protection taking into consideration the educational preparation of the practical nurse. From today's practice settings, we have already raised the question of the need for increasing the educational time of the practical nurse to meet the changes in the health care environment. The answer to a nursing shortage is not to expand the scope of practice of a particular discipline without taking into consideration the additional education necessary to provide safe, quality patient care.

Today's practical nursing education only allows a basic knowledge of nursing procedures, and therefore the scope of practice must remain in an arena of standardized procedures with predictable outcomes.

Thank you for your consideration of this issue that is so important in the safe practice of nursing care delivery.

Elaine J. Watkins

Elaine J. Watkins
Vice President for Patient Services
Deaconess Medical Center

NAME:

Jeannine H. Peretti

DATE:

2/15/89

ADDRESS:

St. Patrick Hospital

500 West Broadway Missoula, MT. 59801

PHONE:

543-7271

REPRESENTING WHOM?

M.O.N.E. - St. Patrick Hospital

APPEARING ON WHICH PROPOSAL:

House Bill 389

DO YOU:

SUPPORT?

AMEND?

OPPOSE?

X

COMMENT:

Scope of practice of LPN as now defined

places constraints based on 1 calendar year

Vocational Technical program. These constraints

protect the public as well as the LPN.

The complexity of today's hospitalized patients

requires the depth of knowledge & advanced

skills to insure safe quality nursing care.

An LPN is not prepared to assume responsibilities

outside defined scope of practice, but is a

valuable addition in a supportive role under

the supervision of an RN.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

COMMITTEE ON

DATE

3/15/89

Public Health

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
Yvonne Bryant	N.P.	688	X	
Robert H. Likewiss	MS PA	688		X
Donna Schuamm	MT State Bd of Hs,	395	X	
Jan Anderson	MT State Bd of Nursing	378	X	
George Vanderhoof	PRN	378	X	
	Mont Nurses Assn	389		X
Don Connors	Self	688	X	X
Melanie Reynolds	Family Planning	688	X	
Dorothy A. Cook	H.S. 20	395	X	
Cathy Vigners	RN - Family Planning	688	X	
Mollie McQuinn	RN	389	X	
Susan Sandwell	public Health Nurse	688	X	
Denise York	Montana Society of Hospital	688		X
Glenn F. Thurston	SPN	378	X	
" " "	"	389	X	
AND STOIANOFF	MT Assoc. of Counties	395	X	
Jim Reid	M.A.P.A.	395		X
Paul Wheeler	Self	395		X
Lori Lindholm, RN, BEN	P.R.N. Self	378	X	
" " "	Tri-County Fam Planning	688	X	
Diane Sands	MT. Women's Lobby	688	X	
Edw. Holmquist	Practical Nursing Instructor	378	X	
Karen Lorchs mo	Montana Council for Imp. Child Health Montana Children's Alliance	688	X	
Pat Dotter	Self - Helena Vo-Tech	389	X	

(Please leave prepared statement with Secretary)

DATE

Public Health

3/15/89

VISITORS' REGISTER

	REPRESENTING	BILL #	Check One	
			Support	Oppose
li	Mt. Nurse Practitioners	395	X	
		389		X
		688	X	
		378	X	
ctts	MT. Nurses' Association		395, 688 378	389
gagis	MT Nurses Assoc	389	395	✓
fitches Fitzgerald	Montana Deaconess	389		✓
erette RN	St. Patrick's Hospital	389		✓
Winchell RN	St. Patrick Hospital	389		✓
SEM	Program For Recovering Nurses	378	X	
ie Jasper	Blue Mt Women's Clinic	378	X	
		395	X	
		688	X	
Brown	Blue Mtn Women's Clinic	395	X	
		688	X	
		378	X	
b Doherty	MT. Nurses Assoc.	378	X	
		688	X	
		395	X	
		389		X
ni Morin		688		X
Ellie Hardy	State ^{AHES} Family Plan	688	X	
Diane Manning	Butte Family Planning	688	X	
Suzanne Thyle	AHES - Family Planning	688		
KEN DUNHAM	MT LPN ASSOC.	378	X	
	" " "	389	X	

and statement with Secretary)

Recommendation and Vote: Senator McLane made a MOTION THAT HOUSE BILL 319 BE CONCURRED IN. Senators in favor, 5; opposed 0.

Senator Hager will carry HB 319 to the Senate floor.

EXECUTIVE ACTION ON HOUSE BILL 389

Chairman Hager called for action on HB 389: Senator Hager stated this bill clarifies the definition of the practice of Practical Nursing.

Discussion: Senator Rasmussen stated he felt it would be of benefit to pass this bill. Senator Lynch stated he would speak against a motion to concur because he believes the bill changes substantially what the law was intended to be. He believes there are better ways to "legitimatize" what is presently going on. Senator Rasmussen stated he recalled in testimony that most states do not have this language, and it is apparently working well in 47 other states to have this "predictable outcome" out of the law. He reminded the Committee the Hospital Association supported the bill. Senator Hager stated he has heard from people on both sides. Senator Himsl stated this is a nebulous sort of restriction, it being difficult to know what the outcome is going to be.

Senator Hager asked Donna Small, R.N., if this language was stricken, would the bill compare to other states. She stated she was on the Board of Nursing at the time the language was selected. In 1978 the Board of Nursing set up a task force to study the Nursing Practice Act, spending three years studying it with input from LPNs, RNs, and anyone who wanted to participate. At that time the only model language available was that put out by the ANA. That language by the ANA Model Practice Act for LPNs used this language. Since the nurses changed the language in 1981, that was the language selected by the LPNs. It was not selected by RNs in any way.

Recommendation and Vote: Senator Rasmussen made a MOTION THAT HOUSE BILL 389 BE CONCURRED IN. Senators in favor, 2; opposed, 5. MOTION FAILED. Bill recommended BE NOT CONCURRED IN.

EXECUTIVE ACTION ON HOUSE JOINT RESOLUTION 15

Chairman Hager called for action on HJR 15: This is a joint Resolution of the Senate and House urging the Department of Family Services to review data needs and to develop and implement an automated management

ROLL CALL

Executive Session

PUBLIC HEALTH

COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 3/22/89

NAME	PRESENT	ABSENT	EXCUSED
Sen. Tom Hager	X		
Sen. Tom Rasmussen	X		
Sen. Lynch	X		
Sen. Himsl	X		
Sen. Norman	X		
Sen. McLane	X		
Sen. Pipinich	X		

Each day attach to minutes.

PUBLIC HEALTH

COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 3/22/89

NAME	PRESENT <i>Yes</i>	ABSENT <i>No</i>	EXCUSED
Sen. Tom Hager	X	X	
Sen. Tom Rasmussen	X		
Sen. Lynch		X	
Sen. Himsel	X		
Sen. Norman		X	
Sen. McLane		X	
Sen. Pivnich		X	
<i>Rasmussen 3, HB 389</i>			<i>Not</i>
<i>in.</i>			<i>(concurrent</i>
<i>In Favor - 5,</i>			<i>Opposed 2</i>
<i>2-5</i>			

SENATE STANDING COMMITTEE REPORT

March 27, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration HB 389 (third reading copy -- blue), respectfully report that HB 389 be not concurred in.

Sponsor: Campbell (Hager)

BE NOT CONCURRED IN

Signed: _____

Thomas O. Hager, Chairman

410
12/1/89
12/1/89